


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 743261
 1. Entity Name
THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.



Principal Place of Business
 1095 BELLE AVE.
 CASSELBERRY, FL 32708

Mailing Address
 1095 BELLE AVE.
 CASSELBERRY, FL 32708

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1897707

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 POE, WILLIAM H.
 1095 BELLE AVENUE
 CASSELBERRY, FL 32708

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, CURTIS 209 MOCKING BIRD LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, CAROL 2075 ACKOLA POINT LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, CHUCK 109 MOCKINGBIRD LANE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM H 639 MARLIN RD WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAUDTKE, TERRY 1117 E. ROBINSON ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000175376
 01/10/05-80048-014 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **01/06/05** **407 699-4419**
Signature, typed or printed name of signing officer or director Date Daytime Phone #