

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90063 020 ****61.25



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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State



02152006 Chg-NP CR2E037 (11/05)

Zip Country Zip Country

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

7. Name and Address of New Registered Agent

POE, WILLIAM H.
 1095 BELLE AVENUE
 CASSELBERRY, FL 32708

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Kelsey	
STREET ADDRESS	2300 E. Colonial Dr.	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

William H. Poe

02-15-06 (407) 699-4419