

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743261

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE KATHLEEN ANDERSON COMPREHENSIVE WORK CENTER, INC.

Current Principal Place of Business:

1095 BELLE AVE.
CASSELBERRY, FL 32708

New Principal Place of Business:

Current Mailing Address:

1095 BELLE AVE.
CASSELBERRY, FL 32708

New Mailing Address:

FEI Number: 59-1897707 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, CURTIS
Address: 209 MOCKING BIRD LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD () Delete
Name: WILLIAMS, JOSEPH
Address: 504 PRESSVIEW AVE.
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: MOORE, CHUCK
Address: 109 MOCKINGBIRD LANE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: POE, WILLIAM H
Address: 639 MARLIN RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: KELSEY, ROY
Address: 2300 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. POE

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date