

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743261

FILED
Feb 15, 2017
Secretary of State
CC2084323469

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

Current Principal Place of Business:

1095 BELLE AVE.
CASSELBERRY, FL 32708

Current Mailing Address:

1095 BELLE AVE.
CASSELBERRY, FL 32708 US

FEI Number: 59-1897707

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RYAN, STEPHANIE J
1095 BELLE AVENUE
CASSELBERRY, FL 32708 US

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

Officer/Director Detail :

Title VP
Name SCHOENE, JOHN
Address 1095 BELLE AVE
City-State-Zip: CASSELBERRY FL 32708

Title TREASURER
Name HUGHES, SANDY
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title PRESIDENT
Name BUSH, JOHN
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name BERKO, JIM
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name DIMPERIO, PAULA
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name DOLAN, SUSIE
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name ESLINGER, ELISE
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name HALL, STEVE
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

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I hereby 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 all other like empowered.

SIGNATURE: RYAN, STEPHANIE J, PHD

DIRECTOR

02/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name NEAL, KEVIN
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title OFFICER
Name KOWNACKI, JERILEE
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title DIRECTOR
Name RYAN, STEPHANIE J PHD
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708