

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743261

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

FILED
Jan 21, 2013
Secretary of State
CC9147766044

Current Principal Place of Business:

1095 BELLE AVE.
CASSELBERRY, FL 32708

Current Mailing Address:

1095 BELLE AVE.
CASSELBERRY, FL 32708

FEI Number: 59-1897707

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POE, WILLIAM H.
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 PD
Name MOORE, CURTIS
Address 209 MOCKING BIRD LANE
City-State-Zip: WINTER SPRINGS FL 32708

Title VPD
Name WILLIAMS, JOSEPH
Address 504 PRESSVIEW AVE.
City-State-Zip: LONGWOOD FL 32750

Title SD
Name MOORE, CHUCK
Address 109 MOCKINGBIRD LANE
City-State-Zip: WINTER SPRINGS FL 32708

Title D
Name POE, WILLIAM H
Address 639 MARLIN RD
City-State-Zip: WINTER SPRINGS FL 32708

Title T
Name WISCHMEIER, DON
Address 1200 APACHE DRIVE
City-State-Zip: GENEVA FL 32732

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: WILLIAM H. POE

EXECUTIVE DIRECTOR

01/21/2013

Electronic Signature of Signing Officer/Director Detail

Date