

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743261

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

**FILED**  
**Feb 14, 2014**  
**Secretary of State**  
**CC8573678822**

**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:**

COLOMBO, GEORGE  
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: GEORGE COLOMBO**

**02/14/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COLOMBO, GEORGE  
Address 1095 BELLE AVE.  
City-State-Zip: CASSELBERRY FL 32708

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

Title SD  
Name SCHOENE, JOHN S  
Address 5272 GARLANGER TRAIL  
City-State-Zip: OVIEDO FL 32765

Title D  
Name BUSH, JOHN  
Address 21 TARPON CIRCLE  
City-State-Zip: WINTER SPRINGS FL 32708

Title T  
Name STRAND-SORRELL, RONALD  
Address P.O. BOX 950473  
City-State-Zip: LAKE MARY FL 32795-0473

*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: JOHN S. SCHOENE**

**SECRETARY**

**02/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date