

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743261

FILED
Feb 17, 2023
Secretary of State
8925279145CC

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: No

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 PRESIDENT
Name GARCIA, LOU
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 VP
Name DIMPERIO, PAULA
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

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

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

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

Title MEMBER
Name BRYAN, SHARON
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title MEMBER
Name BRODEUR, CHRISTINA DALY
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Continues on page 2

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: LILIANA CONTINANZI

OPERATIONS MANAGER 02/17/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name ABARCA, SOFIA
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title MEMBER
Name L'HEUREUX, SCOTT
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title MEMBER
Name ANDERSON, CHRIS
Address 1095 BELLE AVE
City-State-Zip: CASSELBERRY FL 32708

Title OPERATIONS MANAGER
Name CONTINANZI, LILIANA
Address 1095 BELLE AVE
City-State-Zip: CASSELBERRY FL 32708-2961

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

Title MEMBER
Name KRAUS, KRISTINE
Address 1095 BELLE AVE.
City-State-Zip: CASSELBERRY FL 32708

Title MEMBER
Name SMITH, CECIL
Address 1095 BELLE AVE
City-State-Zip: CASSELBERRY FL 32708