

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743261

**FILED**  
**Jan 15, 2021**  
**Secretary of State**  
**4628956046CC**

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

Title           SECRETARY  
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           HALL, STEVE  
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

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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: LISA GARBERS**

**CFO**

**01/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

Title CFO  
Name GARBERS, LISA DR.  
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 BRODEUR, CHRISTINA DALY  
Address 1095 BELLE AVE.  
City-State-Zip: CASSELBERRY FL 32708

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

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

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