

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 JAN 26 AM 9: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-01/30/95--01037--024  
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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P38219 (2)**  
1. Corporation Name  
**KANSAS CITY COMMUNITY CENTER INCORPORATED**

Principal Place of Business Mailing Address  
**1514 CAMPBELL KANSAS CITY MO 64108**

3. Date Incorporated or Qualified **04/07/1992** 3a. Date of Last Report **03/24/1994**

4. FEI Number **43-1262765** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CHERIGA, MIKE, ATTORNEY AT LAW  
101 EAST COLLEGE AVENUE  
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of expiration.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SMALLEY, DAVID R.
STREET ADDRESS	600 E. 108TH STREET
CITY- ST- ZIP	KANSAS CITY MO
TITLE	VD
NAME	DUGAN, MARILYN K.
STREET ADDRESS	7128 CRAIG
CITY- ST- ZIP	OVERLAND PARK, KA
TITLE	STD
NAME	MCCARTHY, SHARON B.
STREET ADDRESS	4921 BELL
CITY- ST- ZIP	KANSAS CITY MO
TITLE	ED
NAME	JOHNSON, SHIRLEY J
STREET ADDRESS	1514 CAMPBELL
CITY- ST- ZIP	KANSAS CITY MO 64108
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statute. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shirley J. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-95 (816) 421-6670  
Date (Date of Filing)



**KANSAS CITY COMMUNITY CENTER**

1514 Campbell Kansas City, Missouri 64108 (816) 421-6670

Shirley J. Johnson  
Director

Eldon L. Doane  
Asst. Director

JANUARY 20, 1995

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 8327  
TALLAHASSEE, FLORIDA 32314

ATTN: CYNTHIA HENDRIXSON

DEAR MS. HENDRIXSON,

AS A RESULT OF OUR PHONE CONVERSATION YESTERDAY, I AM SUBMITTING OUR CHECK FOR \$61.25 ALONG WITH THE CORPORATION ANNUAL REPORT THAT WE RECEIVED. APPARENTLY WE RECEIVED THE INCORRECT FORM FOR PROFIT CORPORATIONS.

KANSAS CITY COMMUNITY CENTER, INC. IS A NON-PROFIT ORGANIZATION WITH A 501(c)(3) STATUS. A COPY OF THE DETERMINATION IS ALSO ENCLOSED.

IF YOU HAVE ANY QUESTIONS, OR NEED FURTHER INFORMATION, PLEASE CONTACT ME AT 816/421-6670, EXT. 31.

SINCERELY,  
KANSAS CITY COMMUNITY CENTER, INC.

*Bobbi J. Combs*

BOBBI J. COMBS  
ACCOUNTING/BENEFITS

CC: FILE

