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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
1514 CAMPBELL KANSAS CITY MO 64108
1514 CAMPBELL KANSAS CITY MO 64108-1520

3. Date Incorporated or Qualified 04/07/1992
3a. Date of Last Report 02/09/1996

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
4. FEI Number 43-1262765 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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 [X] No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD SMALLEY, DAVID R. 600 E. 108TH STREET KANSAS CITY MO	1.1 TITLE	Chairperson C/D [] Change [X] Addition
NAME		1.2 NAME	Joseph H. Locascio, J.D.
STREET ADDRESS		1.3 STREET ADDRESS	417 E. 13th Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Kansas City, MO
TITLE	VD DUGAN, MARILYN K. 7128 CRAIG OVERLAND PARK, KA	2.1 TITLE	Sec/Treas S/D; T/D [] Change [X] Addition
NAME		2.2 NAME	dorether Welch
STREET ADDRESS		2.3 STREET ADDRESS	4715 E. 44th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Kansas City, MO
TITLE	STD MCCARTHY, SHARON B. 4921 BELL KANSAS CITY MO	3.1 TITLE	Boardmember [] Change [X] Addition
NAME		3.2 NAME	Michael Sheehan, M.D.
STREET ADDRESS		3.3 STREET ADDRESS	12902 W. 76th Terrace
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Shawnee Mission, KS
TITLE	ED JOHNSON, SHIRLEY J 1514 CAMPBELL KANSAS CITY MO 64108	4.1 TITLE	Boardmember [] Change [X] Addition
NAME		4.2 NAME	Erwin Jones
STREET ADDRESS		4.3 STREET ADDRESS	3033 Chestnut, Apt D
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Kansas City, MO
TITLE	[] DELETE	5.1 TITLE	Boardmember [] Change [X] Addition
NAME		5.2 NAME	Donald Lang, Ph.D.
STREET ADDRESS		5.3 STREET ADDRESS	16009 E. 29th, Apt 3318
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Independence, MO
TITLE	[] DELETE	6.1 TITLE	President P/D [] Change [X] Addition
NAME		6.2 NAME	C. Eugene Morgan
STREET ADDRESS		6.3 STREET ADDRESS	1514 Campbell
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Kansas City, MO

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), Florida Statutes. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ April 28, 1997 816/421-6670

CR2E037 (9/96)