

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR -3 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Principal Place of Business Mailing Address
1514 CAMPBELL KANSAS CITY MO 64108
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3. Date Incorporated or Qualified
04/07/1992
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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 ATTN: EXEC DIR SUPPORT SVCS
22 City & State 27 1514 CAMPBELL
23 Zip Country 28 KANSAS CITY, MO
24 25 29 64108 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERIGA, MIKE, ATTORNEY AT LAW
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32302

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
8000002497708--6
-04/23/98-FL1048-Zip Code
****20 00 *****20 00

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD LOCASCIO, JOSEPH H J.D.	1.1 TITLE	S/T/D Jones, Erwin
NAME	417 E. 13TH ST KANSAS CITY MO	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Title
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD WELCH, DORETHER	2.1 TITLE	BM Bartolotta, Phillip
NAME	4715 E. 44TH ST KANSAS CITY MO	2.2 NAME	2605 FAUN DRIVE BLUE SPRINGS, MO 64015
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	BM SHEEHAN, MICHAEL M	3.1 TITLE	BM Dawson, Felicia
NAME	12902 W. 76TH TERR SHAWNEE MISSION KS	3.2 NAME	1002 EAST 26TH KANSAS CITY, MO
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	BM JONES, ERWIN	4.1 TITLE	BM Duggan, Eileen M.D.
NAME	3033 CHESTNUT, APT. D KANSAS CITY MO	4.2 NAME	8080 WARD PARKWAY KANSAS CITY, MO 64114
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	BM LANG, DONALD P	5.1 TITLE	BM Eads, James
NAME	16009 E. 29TH, APT. 3318 INDEPENDENCE MO	5.2 NAME	11921 EAST 85TH STREET KANSAS CITY, MO 64123
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD MORGAN, C. E	6.1 TITLE	
NAME	1514 CAMPBELL KANSAS CITY MO	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 3/24/98 8114421-1470

CR2E037 (10/97)