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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38219

1. Corporation Name
KANSAS CITY COMMUNITY CENTER INCORPORATED

Principal Place of Business ATTN: EXEC DIR SUPPORT SVCS 1514 CAMPBELL KANSAS CITY MO 64108	Mailing Address ATTN: EXEC DIR SUPPORT SVCS 1514 CAMPBELL KANSAS CITY MO 64108
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/07/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 43-1262765
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STX <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ERWIN H. J.D.	1.2 NAME	Joseph H. Locascio, J.D.
STREET ADDRESS	417 E. 13TH ST	1.3 STREET ADDRESS	417 E. 13th St
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	Kansas City MO 64106
TITLE	BM <input type="checkbox"/> DELETE	2.1 TITLE	Bm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTOLOTTA, PHILIP	2.2 NAME	Dawson, Felicia
STREET ADDRESS	2605 FAWN DRIVE	2.3 STREET ADDRESS	2418 E. Linwood Blvd
CITY-ST-ZIP	BLUE SPRINGS MO 64015	2.4 CITY-ST-ZIP	Kansas City - MO 64108
TITLE	BM <input type="checkbox"/> DELETE	3.1 TITLE	Bm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEEHAN, MICHAEL M	3.2 NAME	Duggan, Eileen M.D.
STREET ADDRESS	12902 W. 78TH TERR	3.3 STREET ADDRESS	8080 Ward Parkway
CITY-ST-ZIP	SHAWNEE MISSION KS	3.4 CITY-ST-ZIP	Kansas City, MO 64114
TITLE	BM <input type="checkbox"/> DELETE	4.1 TITLE	Bm <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, ERWIN	4.2 NAME	Porter, Vera
STREET ADDRESS	3033 CHESTNUT, APT. D	4.3 STREET ADDRESS	3030 Baltimore
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP	Kansas City, MO 64112
TITLE	BM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, DONALD P	5.2 NAME	
STREET ADDRESS	16009 E. 29TH, APT. 3318	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE MO	5.4 CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADS, JAMES	6.2 NAME	
STREET ADDRESS	11921 EAST 55TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64133	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, with all other like empowered.

SIGNATURE: C. Signature Required 2-15-99 8164216670(217)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)