

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90009 013 ****70.00

DOCUMENT # P38219

1. Entity Name

KANSAS CITY COMMUNITY CENTER INCORPORATED

Principal Place of Business

Mailing Address

ATTN: EXEC DIR SUPPORT SVCS
 1514 CAMPBELL
 KANSAS CITY MO 64108

ATTN: EXEC DIR SUPPORT SVCS
 1514 CAMPBELL
 KANSAS CITY MO 64108-1520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1262765

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. DELETIONS OF OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** Delete
 NAME **LOCASCIO, JOSEPH H JD**
 STREET ADDRESS **417 E. 13TH ST**
 CITY-ST-ZIP **KANSAS CITY MO 64106**

TITLE **S** Change Addition
 NAME **MILLER, IRIS**
 STREET ADDRESS **12309 E. 78TH STREET**
 CITY-ST-ZIP **KANSAS CITY, MO 64138**

TITLE **BM** Delete
 NAME **DAWSON, FELICIA**
 STREET ADDRESS **2418 E LINWOOD BLVD**
 CITY-ST-ZIP **KANSAS CITY MO 64108**

TITLE **T** Change Addition
 NAME **Pugh, Sharon**
 STREET ADDRESS **3629 Harrison Blvd.**
 CITY-ST-ZIP **Kansas City, mo 64109**

TITLE **BM** Delete
 NAME **DUGGAN, EILEEN MD**
 STREET ADDRESS **12902 W. 76TH TERR**
 CITY-ST-ZIP **KANSAS CITY MO 64114**

TITLE **BM** Change Addition
 NAME **Sheehan, Michael MD**
 STREET ADDRESS **12902 W. 76th Terrace**
 CITY-ST-ZIP **Shawnee Mission, KS 66216**

TITLE **BM** Delete
 NAME **PORTER, VERA**
 STREET ADDRESS **3030 BALITMORE**
 CITY-ST-ZIP **KANSAS CITY MO 64112**

TITLE **BM** Change Addition
 NAME **Jones, Erwin**
 STREET ADDRESS **3033 Chestnut, Apt D**
 CITY-ST-ZIP **Kansas City, mo 64128**

TITLE **BM** Delete
 NAME **LANG, DONALD P**
 STREET ADDRESS **16009 E. 29TH, APT. 3318**
 CITY-ST-ZIP **INDEPENDENCE MO**

TITLE **BM** Change Addition
 NAME **Duggan, Eileen M.O.**
 STREET ADDRESS **8080 Ward Parkway**
 CITY-ST-ZIP **Kansas City MO 64114**

TITLE **BM** Delete
 NAME **EADS, JAMES**
 STREET ADDRESS **11921 EAST 55TH STREET**
 CITY-ST-ZIP **KANSAS CITY MO 64133**

TITLE **P** Change Addition
 NAME **Morgan, C. Eugene**
 STREET ADDRESS **1514 Campbell**
 CITY-ST-ZIP **Kansas City, mo 64108**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

816/421-6670

Daytime Phone #

CR2E037 (9/99)