

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90316 044 ****61.25

DOCUMENT # P38219

1. Entity 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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124001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 43-1262765		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOCASCIO, JOSEPH H JD 417 E. 13TH ST KANSAS CITY MO 64106	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Miller, Iris 12309 E. 78th Street Kansas City, MO 64138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUGH, SHARON 3629 HARRISON BLVD. KANSAS CITY MO 64109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Jones, Erwin 3033 Chestnut, Apt. D Kansas City, MO 64128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DUGGAN, EILEEN MD 12902 W. 76TH TERR KANSAS CITY MO 64114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Sheehan, Michael 12902 W. 76th Terr. Shawnee Mission, KS 66216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM PORTER, VERA 3030 BALITMORE KANSAS CITY MO 64112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Morgan, C. Eugene 1514 Campbell Kansas City, MO 64108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LANG, DONALD P 16009 E. 29TH, APT. 3318 INDEPENDENCE MO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM EADS, JAMES 11921 EAST 55TH STREET KANSAS CITY MO 64133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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: CS Morgan **SIGNATURE REQUIRED** (816) 421-6670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)