## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2005 8:00 am Secretary of State

	and an analysis of the state of the								
DOCUI 1. Entity Name GENERAL NAZAREN			C	02-02-2005	90067 036 *	***6	1.25		
Principal Place of Business 6401 THE PASEO KANSAS CITY, MO 64131		Mailing Address 6401 THE PASEO KANSAS CITY, MO 64131			A (MECINI (MI) MI) MI) R		13 BIBN 8:811 BIBN 8111: BIBN		I B I B I C F B I
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005 CI	hg-NP	CR2E037 (10	)/03)	
City & State		City & State			44-0552034 N				plied For Applicable
Zip	Country	Zip	Country		5. Certificate of St		Fee F	<b>5</b> Add Required	
	6Name and Address of Current	Registered Agent			7:_Name.and Add	ress.of.New.F	Registered Agent		
1	N, JESSE L. DR. IAMA DRIVE _ 33625		Street Address		(P.O. Box Number is Not Acceptable)				
		,	City				FL Z	ip 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 9. Election Campaig Due by May 1, 2005 Trust Fund Contr					\$5.00 May Be Added to Fees		Make check pay rida Departmen		
10.	OFFICERS AND DIF	RECTORS	11.	- 1	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECT	ORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLOUGH, MELVIN 6789 NW 39TH EXPRESSWAY BETHANY, OK 73008	<b>⊊</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	110	ls, Charles Covington	Cove So	outheast	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STONE, JACK DR. 6401 THE PASEO KANSAS CITY, MO 64131	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	Wint	er Haven,	<del>TL 330</del>	(	Chánge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOOL, MARILYN 6401 THE PASEO KANSAS CITY, MO 64131	□ Delete	TITLE _NAME _STREET ADDRESS CITY-ST-ZIP		3 <del></del>			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLIER, ROBERT #27-15099-28TH AVE SURREY, B.C., CA V4P-13	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	P BOWLING, JOHN ONE UNIVERSITY AVENUE BOURBONNAIS, IL 609142271	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, TED R 10616 E 700 S CAMBY, IN 46113	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition

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 employered 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:

JACK STONE
TURE AND TYPED AR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05

816-333-7000

Daytime Phone #