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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06117** (6)

1. Corporation Name
BMA FINANCIAL SERVICES, INC.



Principal Place of Business 1801 WEST 47TH PLACE SUITE 210 WESTWOOD KS 33142	Mailing Address 1801 WEST 47TH PLACE SUITE 210 WESTWOOD KS 88205-1834
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3. Date Incorporated or Qualified 05/20/1985	3a. Date of Last Report 06/24/1996
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21. Principal Place of Business	2a. Mailing Address P.O. Box 2958	4. FEI Number 43-1162691	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. Suite 210	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State	28. City & State Shawnee Mission, KS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip 66201	30. Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when relating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDKAMP, MARGARET M.	1.2 NAME	John K. Boyd III
STREET ADDRESS	10261 N LAKE AVE	1.3 STREET ADDRESS	4600 West 65th St.
CITY-ST-ZIP	OLATHE KS	1.4 CITY-ST-ZIP	Prairie Village, KS 66208
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODEN, STEPHEN S.	2.2 NAME	
STREET ADDRESS	5934 CHEROKEE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRWAY KS	2.4 CITY-ST-ZIP	
TITLE	CHM <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAKICH, ROBERT T	3.2 NAME	
STREET ADDRESS	2402 W 70TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS KS	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGLEY, DAVID L.	4.2 NAME	
STREET ADDRESS	13018 WEST 105TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOORHEES, II VERNON W	5.2 NAME	
STREET ADDRESS	3816 WEST 58TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRWAY KS	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, CONAUGHT M	6.2 NAME	
STREET ADDRESS	5325 MISSION WOOD TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MISSION WOODS KS	6.4 CITY-ST-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE: John K. Boyd III 4/22/97 913432-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076058

CP2E037 (9/96)