

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P06117 (6)**  
1. Corporation Name

**BMA FINANCIAL SERVICES, INC.**



Principal Place of Business <b>1801 WEST 47TH PLACE SUITE 210 WESTWOOD KS 33142</b>	Mailing Address <b>P.O. BOX 2958 STE. 210 SHAWNEE MISSION KS 66201 US</b>
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3. Date Incorporated or Qualified  
**05/20/1985**

4. FEI Number  
**43-1162691**

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business  
**21** Suite, Apt. #, etc.

2a. Mailing Address  
**26** Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

24 Zip Country

29 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

**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	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEIDKAMP, MARGARET M.</b>	1.2 NAME	
STREET ADDRESS	<b>10281 N LAKE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLATHE KS</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SODEN, STEPHEN S.</b>	2.2 NAME	
STREET ADDRESS	<b>5834 CHEROKEE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRWAY KS</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CHM</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAKICH, ROBERT T</b>	3.2 NAME	
STREET ADDRESS	<b>2402 W 70TH TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MISSION HILLS KS</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGLEY, DAVID L.</b>	4.2 NAME	
STREET ADDRESS	<b>13018 WEST 105TH TERR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OVERLAND PARK KS</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOORHEES, II VERNON W</b>	5.2 NAME	
STREET ADDRESS	<b>3816 WEST 58TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRWAY KS</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROUTMAN, CONAUGHT M</b>	6.2 NAME	
STREET ADDRESS	<b>5325 MISSION WOOD TERR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MISSION WOODS KS</b>	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.

SIGNATURE: *Stephen S. Soden* **Stephen S. Soden** **4/25/98** **913-432-2900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072660

CR2E037 (10/97)