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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 26 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36308 (5)

1. Corporation Name

CHRISTIAN FOUNDATION FOR CHILDREN AND AGING, INC
ORPORATED

Principal Place of Business	Mailing Address
ONE ELWOOD AVE. KANSAS CITY KS 66103-3799	ONE ELWOOD AVE. KANSAS CITY KS 66103-3799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1991
3a. Date of Last Report: 02/01/1994
4. FEI Number: 43-1243999 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DE LISSER, ELIZABETH ANN
9337 W. SAMPLE RD., SUITE 204
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	VP	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	BERGKAMP, JOSEPH J	1.2 NAME	Rev. Michael Walker	
STREET ADDRESS	BUZON 1855	1.3 STREET ADDRESS	1099 Bennington	
CITY-ST-ZIP	TRUJILLO ALTO PR	1.4 CITY-ST-ZIP	Kansas City MO 64126	
TITLE	D	2.1 TITLE	President	☐ Change ☒ Addition
NAME	PEARCE, CATHERINE N	2.2 NAME	Robert K. Hentzen	
STREET ADDRESS	409 W. 116TH ST	2.3 STREET ADDRESS	624 E. 97 ST	
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP	Kansas City MO. 64131	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	REV. BEAT, JEROME	3.2 NAME		
STREET ADDRESS	457 S. WOODLAWN BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WICHITA KS	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	TOLLE, JERRY E.	4.2 NAME		
STREET ADDRESS	~~104 E. 107TH TERR~~ 5119 Baltimore	4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, VICTORIA	5.2 NAME		
STREET ADDRESS	609 W. 33 #1E	5.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	HENTZEN, PAUL K.	6.2 NAME		
STREET ADDRESS	0 E. 127 TERR	6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jerry E. Tolle 1-12-95 (913)384-6500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Telephone Number
Jerry E. Tolle Vice Pres.

6074888