FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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 66103-3788	ONE ELWOOD AVE. KANSAS CITY KS 66103-3788

3. Date Incorporated or Qualified: **11/07/1991**
3a. Date of Last Report: **01/26/1995**

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 24: 66103-3719 / Country 25	Zip 29: 66103-3719 / Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

800001849188
-06/04/96--01018-FL43
$***61.25

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	VP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BERGKAMP, JOSEPH J		1.2 NAME		
STREET ADDRESS	BUZON 1855		1.3 STREET ADDRESS	P.O. Box 1855 NA	
CITY-ST-ZIP	TRUJILLO ALTO PR		1.4 CITY-ST-ZIP	Trujillo Alto, PR 00760	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PEARCE, CATHERINE N		2.2 NAME		
STREET ADDRESS	409 W. 116TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		2.4 CITY-ST-ZIP	Kansas City, MO. 64145	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	REV. BEAT, JEROME		3.2 NAME		
STREET ADDRESS	457 S. WOODLAWN BLVD		3.3 STREET ADDRESS	415 S. Ash Street	
CITY-ST-ZIP	WICHITA KS		3.4 CITY-ST-ZIP	Newton, KS 67114	
TITLE	V	☒ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	TOLLE, JERRY E.		4.2 NAME	Hentzen, Robert K.	
STREET ADDRESS	5119 BALTIMORE		4.3 STREET ADDRESS	624 E. 97th Street	
CITY-ST-ZIP	KANSAS CITY MO		4.4 CITY-ST-ZIP	Kansas City, MO 64131	
TITLE	S	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	HOFFMAN, VICTORIA		5.2 NAME	Quiroga, Catherine N.	
STREET ADDRESS	609 W. 33 #1E		5.3 STREET ADDRESS	10338 Lee Blvd.	
CITY-ST-ZIP	KANSAS CITY MO		5.4 CITY-ST-ZIP	Leawood, KS 66206	
TITLE	T	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	HENTZEN, PAUL K.		6.2 NAME		
STREET ADDRESS	8 E. 127 TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO		6.4 CITY-ST-ZIP	Kansas City, MO 64113	

cl 5/1/96

CR2E037 (12/95)

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)(k), 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: X Catherine Quiroga 5-2-96 (913)384-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #