

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90074 002 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                  |                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P36308</b><br>1. Entity Name<br><b>CHRISTIAN FOUNDATION FOR CHILDREN AND AGING, INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  |                                                                                     |                                                                                                                                                                       |                                                                                                                                                      |  |
| Principal Place of Business<br><b>ONE ELWOOD AVE.<br/>KANSAS CITY, KS 66103-3719</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                  |                                                                                     | Mailing Address<br><b>ONE ELWOOD AVE.<br/>KANSAS CITY, KS 66103-3719 US</b>                                                                                           |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                  | 3. Mailing Address                                                                  |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  | City & State                                                                        |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                                          | Zip                                                                                 | Country                                                                                                                                                               | 4. FEI Number<br><b>43-1243999</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |                                                                                     |                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |                                                                                     |                                                                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                 |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D<br/>HENTZEN, BERNARD A<br/>ONE ELMWOOD AVENUE<br/>KANSAS CITY, KS 66103</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DE<br/>PEARCE, CATHERINE N<br/>ONE ELMWOOD AVENUE<br/>KANSAS CITY, KS 66103</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>CEO<br/>WERTIN, FRANCIS "PACO"<br/>ONE ELMWOOD AVENUE<br/>KANSAS CITY, KS 66103</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Please see attached listing for current directory of officers and directors</i>               |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>PD<br/>HENTZEN, ROBERT K<br/>ONE ELMWOOD AVENUE<br/>KANSAS CITY, KS 66103</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>TD<br/>HERMAN, ED<br/>ONE ELMWOOD AVE<br/>KANSAS CITY, KS 66103</b> <input type="checkbox"/> Delete                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                     |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SD<br/>WETTA, SR. THERESE ASC<br/>ONE ELMWOOD AVENUE<br/>KANSAS CITY, KS 66103</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>SD<br/>Weinert, Fr. Allan, CSSR<br/>One Elmwood Ave.<br/>Kansas City, KS 66103</b> |                                                                                                                                                                                                                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered 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. |                                                                                                                                  |                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE: <i>Francis "Paco" Werten</i> CEO</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| <b>Francis "Paco" Werten 4/ 107 913-384-6500</b><br><small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |                                                                                     |                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |

40107599



ATTACHMENT 40107599

# P36308

**CHRISTIAN FOUNDATION FOR CHILDREN AND AGING  
OFFICERS & DIRECTORS**

**EFFECTIVE 6/8/05**

**FLORIDA REGISTRATION NUMBER: P36308**

| <u>DIRECTOR/OFFICER</u>                                                             | <u>BOARD TITLE</u>             |
|-------------------------------------------------------------------------------------|--------------------------------|
| Scott Wasserman<br>C/O CFCA<br>One Elmwood Avenue<br>Kansas City, KS. 66103         | Chairperson & Director         |
| Ed Herman<br>C/O CFCA<br>One Elmwood Avenue<br>Kansas City, KS. 66103               | Treasurer & Director           |
| Fr Allan Weinert, CSSR<br>C/O CFCA<br>One Elmwood Avenue<br>Kansas City, KS. 66103  | Secretary & Director           |
| Michael Farmer<br>C/O CFCA<br>One Elmwood Avenue.<br>Kansas City, KS 66103          | Director                       |
| Louis A. Guillou<br>C/O CFCA<br>One Elmwood Avenue<br>Kansas City, KS 66103         | Director                       |
| Bernard A Hentzen<br>C/O CFCA<br>One Elmwood Avenue<br>Kansas City, KS. 66103       | Director Emeritus (non-voting) |
| Fr. Vince Haselhorst<br>C/O CFCA<br>One Elmwood Avenue<br>Kansas City, KS. 66103    | Director                       |
| Catherine Nadine Pearce<br>C/O CFCA<br>One Elmwood Avenue<br>Kansas City, KS. 66103 | Director Emerita (non-voting)  |

ATTACHMENT 40107599

# P36308

**CHRISTIAN FOUNDATION FOR CHILDREN AND AGING  
OFFICERS & DIRECTORS  
EFFECTIVE 6/8/05  
FLORIDA REGISTRATION NUMBER: P36308**

**DIRECTOR/OFFICER**

**BOARD TITLE**

Msgr. Gregory Schaffer  
C/O CFCA  
One Elmwood Avenue  
Kansas City, KS. 66103

Director

Michael Alex  
C/O CFCA  
One Elmwood Avenue  
Kansas City, KS 66103

Director

Carolyn Zimmerman  
C/O CFCA  
One Elmwood Avenue  
Kansas City, KS. 66103

Director

**Ex Officio Members**

Robert K Hentzen  
C/O CFCA  
One Elmwood Avenue  
Kansas City, KS 66103

President Ex-Officio (non-voting)

Francis "Paco" Wertin  
C/O CFCA  
One Elmwood Avenue  
Kansas City, KS. 66103

Chief Executive Officer (non-voting)