#### 2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000005256

**Entity Name: THE PHOENIX FAMILY HOUSING CORPORATION** 

**FILED** Jun 26, 2020 Secretary of State 9875250458CC

## **Current Principal Place of Business:**

3908 WASHINGTON ST KANSAS CITY. MO 64111

### **Current Mailing Address:**

3908 WASHINGTON ST

KANSAS CITY, MO 64111 US

FEI Number: 68-0101133 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title С Title S

KAHLE, RICK L DOBREFF, ERICA Name Name 717 NE LAKE POINTE DR. 601 E. 63RD ST Address Address

SUITE 415

LEES SUMMIT MO 64064 City-State-Zip: City-State-Zip: KANSAS CITY MO 64110

Title D

Title CLAYBORN, ULYSSES D Name

Name ORF, RAMIE Address 2300 MAIN, STE 900

740 NW BLUE PARKWAY Address City-State-Zip: KANSAS CITY MO 64108

City-State-Zip: LEE'S SUMMIT MO 64086

Title D

Title **DIRECTOR** CONDON, MATT Name

Name GARRETT, MARK Address 6400 GLENWOOD

Address 11500 NW AMBASSADOR DRIVE, BLDG 4, SUITE 111

SUITE 500 OVERLAND PARK KS 66202

City-State-Zip: City-State-Zip: KANSAS CITY MO 64153

**DIRECTOR** Title Title **DIRECTOR** Name EIDSON, KEN Name WRIGHT, JOHN

Address 7400 W 130TH STREET Address 11184 ANTIOCH SUITE 200

SUITE 525

City-State-Zip: OVERLAND PARK KS 66213 City-State-Zip: OVERLAND PARK KS 66210

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

06/26/2020 SIGNATURE: ERICA DOBREFF SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name SEELY, MARK

Address 444 W. 47TH ST

SUITE 900

City-State-Zip: KANSAS CITY MO 64112

Title DIRECTOR

Name SARAH, OSBORNE Address 310 NE MULBERRY

City-State-Zip: LEES SUMMIT MO 64086

Title TREASURER

Name DAVID , HOUCHEN

Address 111935 RILEY ST

City-State-Zip: OVERLAND PARK KS 66213