

**2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000005256

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**9734842077CC**

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

**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 C  
Name KAHLE, RICK L  
Address 717 NE LAKE POINTE DR.  
City-State-Zip: LEES SUMMIT MO 64064

Title S  
Name DOBREFF, ERICA  
Address 601 E. 63RD ST  
SUITE 415  
City-State-Zip: KANSAS CITY MO 64110

Title D  
Name CLAYBORN, ULYSSES D  
Address 2300 MAIN, STE 900  
City-State-Zip: KANSAS CITY MO 64108

Title D  
Name ORF, RAMIE  
Address 740 NW BLUE PARKWAY  
City-State-Zip: LEE'S SUMMIT MO 64086

Title D  
Name CONDON, MATT  
Address 6400 GLENWOOD  
BLDG 4, SUITE 111  
City-State-Zip: OVERLAND PARK KS 66202

Title DIRECTOR  
Name GARRETT, MARK  
Address 11500 NW AMBASSADOR DRIVE,  
SUITE 500  
City-State-Zip: KANSAS CITY MO 64153

Title DIRECTOR  
Name EIDSON, KEN  
Address 7400 W 130TH STREET  
SUITE 200  
City-State-Zip: OVERLAND PARK KS 66213

Title DIRECTOR  
Name WRIGHT, JOHN  
Address 11184 ANTIOCH  
SUITE 525  
City-State-Zip: OVERLAND PARK KS 66210

**Continues on page 2**

*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.*

**SIGNATURE:** ERICA DOBREFF

**SECRETARY**

**05/01/2019**

\_\_\_\_\_  
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           TREASURER  
Name           DAVID , HOUCHEN  
Address        111935 RILEY ST  
City-State-Zip: OVERLAND PARK KS 66213

Title           DIRECTOR  
Name           SARAH , OSBORNE  
Address        310 NE MULBERRY  
City-State-Zip: LEES SUMMIT MO 64086