ORPORATION SERVICE COMPANY	
201 HAYS STREET	

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:

Officer/Director Detail :

DOCUMENT# F09000005256

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE PHOENIX FAMILY HOUSING CORPORATION

Current Principal Place of Business:

2838 WARWICK TRAFFICWAY KANSAS CITY, MO 64108

Current Mailing Address:

2838 WARWICK TRAFFICWAY KANSAS CITY. MO 64108

FEI Number: 68-0101133

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

СС 120 TALLAHASSEE, FL 32301 US

Title	С	Title	S
Name	KAHLE, RICK L	Name	DOBREFF, ERICA
Address	444 W. 47TH STREET, SUITE 600	Address	2 CLEAVER BOULEVARD, SUITE 405
City-State-Zip:	KANSAS CITY MO 64112	City-State-Zip:	KANSAS CITY MO 64112
Title	т	Title	D
Name	DUCKWITZ, DAVID CPA	Name	CLAYBORN, ULYSSES D
Address	10975 GRANDVIEW DRIVE, SUITE 600	Address	2300 MAIN, STE 900
City-State-Zip:	OVERLAND PARK KS 66210	City-State-Zip:	KANSAS CITY MO 64108
T . (1 -	5	Title	D
Title		Name	ORF, RAMIE
Name	FIGHT, JIM	Address	740 NW BLUE PARKWAY
Address	10410 SKILES	City-State-Zip:	LEE'S SUMMIT MO 64086
City-State-Zip:	KANSAS CITY MO 64134		
	2	Title	DIRECTOR
Title	D	Name	GARRETT, MARK
Name	CONDON, MATT	Address	11500 NW AMBASSADOR DRIVE,
Address	6400 GLENWOOD BLDG 4, SUITE 111	City-State-Zip:	SUITE 500
City-State-Zip:	OVERLAND PARK KS 66202		KANSAS CITY MO 64153
ony-orale-zip.			

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

04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No

Date