

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000005256

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**5205303995CC**

**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:** CORPORATION SERVICE COMPANY

04/26/2024

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 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 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

Title DIRECTOR  
Name VOLINI, TOM  
Address 3908 WASHINGTON ST  
City-State-Zip: KANSAS CITY MO 64111

**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:** RICK KAHLE

**PRESIDENT**

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCARBOROUGH, BRANDON  
Address 3908 WASHINGTON ST  
City-State-Zip: KANSAS CITY MO 64111

Title DIRECTOR  
Name MCDANIEL, DAVID  
Address 3908 WASHINGTON ST  
City-State-Zip: KANSAS CITY MO 64111

Title DIRECTOR  
Name DOBREFF, ERICA  
Address 3908 WASHINGTON ST  
City-State-Zip: KANSAS CITY MO 64111

Title DIRECTOR  
Name SHANKAR, RAM  
Address 3908 WASHINGTON ST  
City-State-Zip: KANSAS CITY MO 64111

Title DIRECTOR  
Name GARRISON, CAMERON  
Address 3908 WASHINGTON ST  
City-State-Zip: KANSAS CITY MO 64111

Title DIRECTOR  
Name DANIEL, KAREN  
Address 3908 WASHINGTON ST  
City-State-Zip: KANSAS CITY MO 64111