

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# F09000005256

Jan 29, 2018

Entity Name: THE PHOENIX FAMILY HOUSING CORPORATION

Secretary of State

CC4025569366

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

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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.

SIGNATURE: RICK KAHLE

PRESIDENT OF BOARD

01/29/2018

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