FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 753418

(3)

ASSOCIATION		DOVOUG	COLOAL	TYPE INC
ASSULTATION	FL JK	PSYCHOL	LJGHUAL	TYPE INC.

	ASSOCIATION F		Mailing Address								
9140 WARD PKWY. 9140 WARD			9140 WARD PKWY. KANSAS CITY MO 64114	4							
							3. Date Incorporated or Qualified 07/22/1980	3a. [Date of Last 05/01/1		
	rincipal Place of Busine	2a. Mailing Address				4. FEI Number			Applied For		
21			26				22-2291442			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	ssired S8.75 Additional Fee Required			
Ci 23	ity & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Ži	ip	Country	Zıp	Zip Country			8. This corporation has liability for intangitule tax under s. 199.032,				
24		25	29	30			Florida Statutes	Yes [] No		
	9. Name	and Address of Cu	urrent Registered Agent				10. Name and Address of New F	egistered	Agent		
					81	Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82	Street Ac	ess (P.O. Box Number is Not Acceptable)					
				83							
					84	City		FL	85 Zi	ip Code	
1 (or registered agent, or	both, in the State of	0502 and 617.1508, Florida Statutes Florida. Such change was authorize Section 617.0503, Florida Statutes.	id by the ci	e-na orpo	amed corp oration's by	poration submits this statement for the purposed of directors. I hereby accept the app	pose of ch pointment a	nanging its registered	registered office d agent. I am	
SIGN	ATURE						·				
12.				E: Registered /	4gent	signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	IN DIDECTO	702 IN 12	
TITLE	PD	OFFICENC	DELETE	1.1 TiT				OLI S AN	Change	Addition	
NAME	DEADLAND DOOED			I		President Elect		T1 cuande	Di Mantion		
I NAWIE		NITINOTON ODER	-v	1.2 NA	VIE		Pat Otto				

3405 Huntington Creek STREET ADDRESS 1.3 STREET ADDRESS 12610 Friendship Ridge Lane PEAFFTOWN NC Sunset Hills, MO 63127 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE X Addition Change TITLE 2.1 TITLE Director of Finance Tom Flautt OLSON, BARBARA NAME 2.2 NAME 757 Cedar Point Drive 31 COVERED BRIDGE RD STREET ADDRESS 2.3 STREET ADDRESS BARRINGTON IL Cincinnati, OH 45230 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Dir. of Regions & Cptrs. ☐ Change X Addition **GRANT, CONNIE** NAME 3.2 NAME Linda Thompson. 5505 CREEDMOOR ROAD, SUITE 109 STREET ADDRESS 3.3 STREET ADDRESS 5107 Sansom Ct. RALEIGH NC CITY-ST-ZIP 3.4. CITY - ST - ZIP Columbus, OH 43220-2560 DELETE TITLE Change X Addition 4.1 TITLE Dir. of Interest Areas BREEDING, BRUCE NAME 4. 2 NAME Elizabeth Murphy 503 MEADOW LANE STREET ADDRESS 4.3 STREET ADDRESS 1128 Williamsburg Lane **MURRAY KY** CITY - ST - ZIP 4.4 CITY-ST-ZIP Keller, TX 76248-5239 PD DELETE Change TITLE 5.1 TITLE Addition GUZIE, TAD NAME 5.2 NAME 5267 DALCROFT CRESCENT N.W. STREET ADDRESS 5.3 STREET ADDRESS CALGARY AB CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Executive Director Change X Addition TITLE 6.1 TITLE REED, JANELLE NAME 6.2 NAME Lisa Daniels 9140 WARD PKWY STREET ADDRESS 6.3 STREET ADDRESS 9140 Ward Parkway

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same lagal 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 in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNA UPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 1996 229-6549

CR2E037 (12/95)