

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004004

FILED
Feb 15, 2010
Secretary of State

Entity Name: THE CEREBRAL PALSY RESEARCH FOUNDATION OF KANSAS, INC.

Current Principal Place of Business:

1221 W LAKEVIEW
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1221 W LAKEVIEW
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 23-7314938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAXTON, DEBBIE
2001 NORTH E STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C
Name: CARNEY, DANIEL M
Address: 8100 E 22ND ST N BLDG 1900
City-St-Zip: WICHITA, KS 672262319

Title: S
Name: BURRUS, MICHAEL C
Address: 8606 E CENTRAL
City-St-Zip: WICHITA, KS 67206

Title: VC
Name: SCHUSTER, DERYL K
Address: 27931 W 87TH STREET SOUTH
City-St-Zip: VIOLA, KS 67149

Title: AS
Name: SMITH, JOYCE
Address: PO BOX 8217
City-St-Zip: WICHITA, KS 67208

Title: T
Name: TAYLOR, DANIEL J
Address: 1938 N WOODLAWN SUITE 400
City-St-Zip: WICHITA, KS 67208

Title: CPRF
Name: JONAS, PATRICK T
Address: PO BOX 8217
City-St-Zip: WICHITA, KS 67208

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: MARSHA ANDERSON

CFO

02/15/2010

Electronic Signature of Signing Officer or Director

Date