## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F09000004004

FILED Jan 07, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1221 W LAKEVIEW PENSACOLA, FL 32501

Current Mailing Address: New Mailing Address:

1221 W LAKEVIEW 5111 E 21ST ST N PENSACOLA, FL 32501 WICHITA, KS 67208

FEI Number: 23-7314938 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THAXTON, DEBBIE 2001 NORTH E STREET PENSACOLA, FL 32501 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

## **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:

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 01/07/2011