

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004004

FILED  
Feb 07, 2012  
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:**

5111 E 21ST ST N  
WICHITA, KS 67208

**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

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date