

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # P38219 (2)
1. Corporation Name
KANSAS CITY COMMUNITY CENTER INCORPORATEDPrincipal Place of Business
1514 CAMPBELL
KANSAS CITY MO 64108
Mailing Address
1514 CAMPBELL
KANSAS CITY MO 64108-1520

3. Date Incorporated or Qualified 04/07/1992	3a. Date of Last Report 02/09/1996
4. FEI Number 43-1262765	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHERIGA, MIKE, ATTORNEY AT LAW
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32302

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SMALLEY, DAVID R. 600 E. 108TH STREET KANSAS CITY MO <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairperson C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph H. Locascio, J.D. 417 E. 13th Street Kansas City, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUGAN, MARILYN K. 7128 CRAIG OVERLAND PARK, KA <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Sec/Treas S/D; T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition dorether Welch 4715 E. 44th Street Kansas City, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCARTHY, SHARON B. 4921 BELL KANSAS CITY MO <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Boardmember <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Sheehan, M.D. 12902 W. 76th Terrace Shawnee Mission, KS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JOHNSON, SHIRLEY J 1514 CAMPBELL KANSAS CITY MO 64108 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Boardmember <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Erwin Jones 3033 Chestnut, Apt D Kansas City, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Boardmember <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donald Lang, Ph.D. 16009 E. 29th, Apt 3318 Independence, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	President P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C. Eugene Morgan 1514 Campbell Kansas City, MO

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

April 28, 1997 816/421-6670

CR2E037 (9/96)