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**Mar 06, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P38219**

1. Corporation Name

**KANSAS CITY COMMUNITY CENTER INCORPORATED**

Principal Place of Business

Mailing Address

ATTN: EXEC DIR SUPPORT SVCS  
1514 CAMPBELL  
KANSAS CITY MO 64108

ATTN: EXEC DIR SUPPORT SVCS  
1514 CAMPBELL  
KANSAS CITY MO 64108



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/07/1992  
4. FEI Number  
43-1262765

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~STX~~ ☐ DELETE  
NAME JONES, ERWIN H. J.D.  
STREET ADDRESS 417 E. 13TH ST  
CITY-ST-ZIP KANSAS CITY MO

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Joseph H. Locascio, J.D.  
1.3 STREET ADDRESS 417 E. 13th St  
1.4 CITY-ST-ZIP Kansas City mo 64106

TITLE BM ☐ DELETE  
NAME BARTOLOTTA, PHILIP  
STREET ADDRESS 2605 FAWN DRIVE  
CITY-ST-ZIP BLUE SPRINGS MO 64015

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Bm  
2.3 STREET ADDRESS Dawson, Felicia  
2.4 CITY-ST-ZIP 2418 E. Linwood Blvd Kansas City-mo 64108

TITLE BM ☐ DELETE  
NAME SHEEHAN, MICHAEL M  
STREET ADDRESS 12902 W. 78TH TERR  
CITY-ST-ZIP SHAWNEE MISSION KS

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Bm  
3.3 STREET ADDRESS Duggan, Eileen M.D.  
3.4 CITY-ST-ZIP 8080 Ward Parkway Kansas City, mo 64114

TITLE BM ☐ DELETE  
NAME JONES, ERWIN  
STREET ADDRESS 3033 CHESTNUT, APT. D  
CITY-ST-ZIP KANSAS CITY MO

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Bm  
4.3 STREET ADDRESS Porter, Vera  
4.4 CITY-ST-ZIP 3030 Baltimore Kansas City, mo 64112

TITLE BM ☐ DELETE  
NAME LANG, DONALD P  
STREET ADDRESS 16009 E. 29TH, APT. 3318  
CITY-ST-ZIP INDEPENDENCE MO

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE BM ☐ DELETE  
NAME EADS, JAMES  
STREET ADDRESS 11921 EAST 55TH STREET  
CITY-ST-ZIP KANSAS CITY MO 64133

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 affidavit, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99

8164216670(217)

Date

Daytime Phone #

CR2E037 (11/98)