

N000712434
Date Filed: 8/25/2023
John R. Ashcroft
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2023

N000712434
PHELPS CONNECTIONS for SENIORS, Inc.
BONNIE J PRIGGE
4 INDUSTRIAL DRIVE
ST. JAMES MO 65559

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 11620 Forest Lake Dr (Required) STREET <u>Rolla MO 65401-7304</u> CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent _____

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address _____

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS *	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	
<u>PRESIDENT</u>	<u>Stratman, Gregory J.</u> STREET <u>1606 Washington Ave.</u> CITY/STATE/ZIP <u>Rolla MO 65401</u>	<u>NAME</u>	<u>Flint, Sheila Marie</u> STREET <u>11620 Forest Lake Dr</u> CITY/STATE/ZIP <u>Rolla MO 65401-7304 USA</u>
<u>SECRETARY</u>	<u>Kean, Lisa</u> STREET <u>1219 Casey Ln</u> CITY/STATE/ZIP <u>Rolla MO 65401-6709</u>	<u>NAME</u>	<u>Zap, Rita Joanne</u> STREET <u>12749 State Route W</u> CITY/STATE/ZIP <u>Rolla MO 65401 USA</u>
<u>VICE PRESIDENT</u>	<u>Zap, Rita J.</u> STREET <u>12749 State Route W</u> CITY/STATE/ZIP <u>Rolla MO 65401</u>	<u>NAME</u>	<u>Stratman, Gregory J.</u> STREET <u>1606 Washington Ave</u> CITY/STATE/ZIP <u>Rolla MO 65401 USA</u>
<u>TREASURER</u>	<u>Flint, Sheila Marie</u> STREET <u>11620 Forest Lake Dr</u> CITY/STATE/ZIP <u>Rolla MO 65401-7304</u>	<u>NAME</u>	_____ STREET _____ CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here Sheila Marie Flint (Required)

Please print name and title of signer: Sheila Marie Flint / Treasurer

NAME TITLE

REGISTRATION REPORT FEE IS:
__ \$10.00 If filed on or before 8/31/2023
__ \$15.00 If filed after 9/30/2023

Corporation will be administratively dissolved if report is not filed by 11/29/2024

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____