

John R. Ashcroft Secretary of State
 2024-2025 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00018385
Date Filed: 8/15/2024
John R. Ashcroft
Missouri Secretary of State

I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2024

N00018385
 Missouri Association for the Education of Young Children
 (MOAEYC)
 G. STANTON MASTERS
 506 BRANCH ST PO BOX 1404
 PLATTE CITY MO 64079-9713

ORGANIZED UNDER THE LAWS OF:
Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *
 617 SW Derby Dr (Required)
 STREET
Lees Summit MO 64081-3275
 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.

<p>3 OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u> A</p> <p><u>PRESIDENT</u> Thompson, Lisa STREET 7385 Flora Ave CITY/STATE/ZIP <u>Saint Louis MO 63143-3218</u></p> <p><u>SECRETARY</u> Chesney, Rhonda STREET 5025 Briarwood Ln CITY/STATE/ZIP <u>Saint Joseph MO 64506-3318</u></p> <p><u>VICE PRESIDENT</u> Wells, Darla STREET 10625 Pine Needle Cir CITY/STATE/ZIP <u>Rolla MO 65401-5455</u></p> <p><u>TREASURER</u> Simpson, Judy STREET 4652 Medalton Way CITY/STATE/ZIP <u>Saint Louis MO 63128-3527</u></p>	<p>BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u> B</p> <p><u>NAME</u> Hurst, Sherrita STREET 3545 Gillham RD Apt 2 CITY/STATE/ZIP <u>Kansas City MO 64111-1451</u></p> <p><u>NAME</u> Johnson, Stacey STREET 1770 Belt Way Dr CITY/STATE/ZIP <u>Saint Louis MO 63114-5816</u></p> <p><u>NAME</u> Chesney, Rhonda STREET 5025 Briarwood Ln CITY/STATE/ZIP <u>Saint Joseph MO 64506-3318</u></p> <p><u>NAME</u> Rexroat, Nicci STREET 482 Karen Dr CITY/STATE/ZIP <u>Holts Summit MO 65043-1543</u></p>
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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 Cindy Imhauser (Required)

Please print name and title of signer: Cindy Imhauser / Other
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___\$20.00 If filed on or before 8/31/2024
 ___\$25.00 If filed after 9/30/2024

Corporation will be administratively dissolved if report is not filed by 11/29/2026

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): missouriaeyc@gmail.com

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506 BRANCH ST PO BOX 1404

PLATTE CITY MO 64079-9713

	OFFICERS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	BOARD OF DIRECTORS (Continued) NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
3	<p><u>OFFICER</u> Rexroat, Nicci STREET 482 Karen Dr CITY/STATE/ZIP Holts Summit MO 65043-1543</p>	<p><u>DIR.</u> Seipel, Sandy STREET 36954 US Highway 136 CITY/STATE/ZIP Ravenwood MO 64479-8185</p> <p><u>DIR.</u> Thompson, Lisa STREET 7385 Flora Ave CITY/STATE/ZIP St. Louis MO 63143</p> <p><u>DIR.</u> Wells, Darla STREET 10625 Pine Needle Circle CITY/STATE/ZIP Rolla MO 65401</p> <p><u>DIR.</u> Simpson, Judy STREET 4652 Medalton Way CITY/STATE/ZIP St. Louis MO 63128</p> <p><u>DIR.</u> Schissler, Sam STREET 3613 W 122nd Terrace CITY/STATE/ZIP Leawood KS 66209</p>