

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 02, 2006  
Secretary of State**

DOCUMENT# 741524

Entity Name: MISSIONARY EVANGELIST OUTREACH CENTER HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

1766 N.W. 95 STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LA FARIES MORTIMER  
3230 N.W. 151ST TERRACE  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-0028303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORTIMER, LA FARIES Y  
3230 N.W. 151ST TERRACE  
OPA LOCKA, FL 33054      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: PD      ( ) Delete  
Name: KEMP, JOHNNY L  
Address: 3950 N.W. 177TH STREET  
City-St-Zip: CAROL CITY, FL 33055

Title: VD      ( ) Delete  
Name: KEMP, PATTY L  
Address: 3950 NW 177TH ST  
City-St-Zip: CAROL CITY, FL 33055

Title: D      ( ) Delete  
Name: KEMP, OTIS L  
Address: 3910 NW 177TH STREET  
City-St-Zip: CAROL CITY, FL 33055

Title: SD      ( ) Delete  
Name: MORTIMER, CHRISTINE  
Address: 4230 NW 173 DR  
City-St-Zip: CAROL CITY, FL 33055

Title: D      ( ) Delete  
Name: VAN-REIL, KARL  
Address: 7607 W 40TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T      ( ) Delete  
Name: MORTIMER, LAFARIES  
Address: 3230 N.W. 151ST TERRACE  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LA FARIES MORTIMER

T

03/02/2006

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

\_\_\_\_\_  
Date