

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **742134** (0)

1. Corporation Name

**THE RUTH H. KEMP MEMORIAL FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**8885 BELLE RIVE BLVD  
JACKSONVILLE FL 32256**

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JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified  
**03/20/1978**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country  
24 25

28 Zip Country  
29 30

4. FEI Number  
**59-1831688**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KEMP, GLENN E  
8885 BELLE RIVE BLVD.  
JACKSONVILLE FL 32256**

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 re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **D**  DELETE  
NAME **KEMP, GLENN E**  
STREET ADDRESS **8885 BELLE RIVE BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **KEMP, CAROL S.**  
STREET ADDRESS **8885 BELLE RIVE BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **CPD**  DELETE  
NAME **KEMP, MARC E**  
STREET ADDRESS **2444 BROWN ST.**  
CITY-ST-ZIP **PHOENIX AZ**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **HOLDEN, G. D**  
STREET ADDRESS **8119 WOODLAND DR.**  
CITY-ST-ZIP **BUENA PARK CA**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **CAPT. CURTIS A. KEMP USA**  DELETE  
NAME **FPO AP 96601-6003** (D)  
STREET ADDRESS **N/A**  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE **LAURA M. KEMP**  DELETE  
NAME **4954 Eagle Harbor Dr. N.E.** (D)  
STREET ADDRESS **Bainbridge Island, WA 98110**  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Glenn E Kemp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-7-96**  
Date

**(904) 642-4629**  
Daytime Phone #

CR2E037 (12/95)