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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: **8885 BELLE RIVE BLVD JACKSONVILLE FL 32256**
 Mailing Address: **8885 BELLE RIVE BLVD JACKSONVILLE FL 32256**

3. Date incorporated or Qualified: **03/20/1978**
 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**
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
KEMP, GLENN E
8885 BELLE RIVE BLVD.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent (81-85)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | VPST KEMP, GLENN E 8885 BELLE RIVE BLVD JACKSONVILLE FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D KEMP, CAROL S. 8885 BELLE RIVE BLVD JACKSONVILLE FL | 1.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CPD KEMP, MARC E 2444 BROWN ST. PHOENIX AZ | 1.3 STREET ADDRESS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | D HOLDEN, G. D 8119 WOODLAND DR. BUENA PARK CA | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | DC CURTIS A KEMP, UNITED STATES NAVY FPO AP | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | D LAURA M. KEMP 4954 EAGLE HARBOR DR. N.E. BAINBRIDGE ISLAND WA | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 2.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

3133 W. CHENEY RD.
 MAPLE CITY, MI 49664

D
 9124 Horner Court
 FAIRFAX, VA 22031

D
 23435 Port Gamble Rd. N.E.
 POWERS, WA 98370

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 address.

SIGNATURE: *Glenn E Kemp* 4-20/98 (904)622-4629

CRE037 (10/97)