

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90016 038 ****61.25

0006943

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 742134

1. Corporation Name

THE RUTH H. KEMP MEMORIAL FOUNDATION, INC.

Principal Place of Business
 P.O. BOX 4786
 DOWLING PARK FL 32064

Mailing Address
 P.O. BOX 4786
 DOWLING PARK FL 32064



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/20/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1831688	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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)			
				23328 Live Oak Lane			
				83			
				84 City			
				Dowling Park			
				FL			
				85 Zip Code			
				32060			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, GLENN E	1.2 NAME	
STREET ADDRESS	8885 BELLE RIVE BLVD	1.3 STREET ADDRESS	23328 Live Oak Lane
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Dowling Park, FL 32064
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, CAROL S.	2.2 NAME	
STREET ADDRESS	8885 BELLE RIVE BLVD	2.3 STREET ADDRESS	23328 Live Oak Lane
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Dowling Park, FL 32064
TITLE	CPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, MARC E	3.2 NAME	
STREET ADDRESS	3133 W. CHENEY RD	3.3 STREET ADDRESS	5440 S. Maple City Rd.
CITY-ST-ZIP	MAPLE CITY MI 49664	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, G. D	4.2 NAME	
STREET ADDRESS	8119 WOODLAND DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUENA PARK CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS A KEMP.	5.2 NAME	
STREET ADDRESS	9124 HORNER COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22031	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURA M. KEMP	6.2 NAME	
STREET ADDRESS	23435 PORT GAMBLE RD, N E	6.3 STREET ADDRESS	
CITY-ST-ZIP	POULSHO WA 98370	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* A-13-99 (904) 658-373
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)