

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 01, 2004
Secretary of State**

DOCUMENT# 742134

Entity Name: THE RUTH H. KEMP MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 4786
DOWLING PARK, FL 32064

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4786
DOWLING PARK, FL 32064

New Mailing Address:

FEI Number: 59-1831688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEMP, GLENN E
23328 LIVE OAK LANE
DOWLING PARK, FL 32060

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: VPST () Delete
Name: KEMP, GLENN E,
Address: 23328 LIVE OAK LANE
City-St-Zip: DOWLING PARK, FL 32064

Title: D () Delete
Name: KEMP, CAROL S.,
Address: 23328 LIVE OAK LANE
City-St-Zip: DOWLING PARK, FL 32064

Title: CPD () Delete
Name: KEMP, MARC E
Address: 5440 S MAPLE CITY RD
City-St-Zip: MAPLE CITY, MI 49664

Title: D () Delete
Name: HOLDEN, G. D
Address: 8119 WOODLAND DR.
City-St-Zip: BUENA PARK, CA

Title: D () Delete
Name: CURTIS A KEMP,
Address: 1655 DILLINGHAM BLVD
City-St-Zip: NORFOLK, VA 235113004

Title: D () Delete
Name: LAURA M. KEMP,
Address: 23435 PORT GAMBLE RD, N E
City-St-Zip: POULSBO, WA 98370

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
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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 Section 119.07(3)(i), 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: GLENN KEMP

Electronic Signature of Signing Officer or Director

VPST

07/01/2004

Date