

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742134

FILED  
May 06, 2007  
Secretary of State

**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:**

23328 LIVE OAK LANE  
DOWLING PARK, FL 32064

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KEMP, GLENN E  
23328 LIVE OAK LANE  
DOWLING PARK, FL 32064      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: 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  
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 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: GLENN E. KEMP

XVP

05/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date