

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742134

FILED  
Apr 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

23328 LIVE OAK LANE  
DOWLING PARK, FL 32064

**New Principal Place of Business:**

302 EDWARDS FERRY RD  
LEESBURG, VA 20176

**Current Mailing Address:**

302 EDWARDS FERRY ROAD NE  
LEESBURG, VA 20176

**New Mailing Address:**

302 EDWARDS FERRY RD  
LEESBURG, VA 20176

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 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  
Name: KEMP, CURTIS A.  
Address: 302 EDWARDS FERRY RD  
City-St-Zip: LEESBURG, VA 20176

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

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

Title: D  
Name: HOLDEN, G. D  
Address: 7700 LAMPSON AVE, #28  
City-St-Zip: GARDEN GROVE, CA 92840

Title: D  
Name: KEMP, LAURA M  
Address: 23435 PORT GAMBLE RD  
City-St-Zip: POULSBO, WA 98320

I hereby 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 all other like empowered.

SIGNATURE: CURTIS A. KEMP

XVP

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date