

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90095 020 ****61.25

DOCUMENT # 742134



1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1831688**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPST	<input type="checkbox"/> Delete
NAME	KEMP, GLENN E	
STREET ADDRESS	23328 LIVE OAK LANE	
CITY-ST-ZIP	DOWLING PARK FL 32064	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEMP, CAROL S.	
STREET ADDRESS	23328 LIVE OAK LANE	
CITY-ST-ZIP	DOWLING PARK FL 32064	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	KEMP, MARC E	
STREET ADDRESS	5440 S MAPLE CITY RD	
CITY-ST-ZIP	MAPLE CITY MI 49664	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDEN, G. D	
STREET ADDRESS	8119 WOODLAND DR.	
CITY-ST-ZIP	BUENA PARK CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS A KEMP,	
STREET ADDRESS	1655 DILLINGHAM BLVD	
CITY-ST-ZIP	NORFOLK VA 23511-3004	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAURA M. KEMP	
STREET ADDRESS	23435 PORT GAMBLE RD, N E	
CITY-ST-ZIP	POULSBO WA 98370	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

4/5/03 386-658-1373

CR2E037 (10/02)