

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 039 *****61.25

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| DOCUMENT # N01000002668 | |
| 1. Entity Name OTIS L. KEMP MINISTRIES, INC. | |



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| Principal Place of Business 1713 NW 38TH AVENUE FORT LAUDERDALE, FL 33313 | Mailing Address 1713 NW 38TH AVENUE FORT LAUDERDALE, FL 33313 |
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| 2. Principal Place of Business 1631 NW 38th AVE Suite, Apt. #, etc. | 3. Mailing Address 1631 NW 38th AVE Suite, Apt. #, etc. |
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| City & State FT LAUDERDALE, FL | City & State FT LAUDERDALE, FL |
| Zip 33313 | Country USA |



01092006 Chg-NP CR2E037 (11/05)

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| 6. Name and Address of Current Registered Agent NELSON, EULA 3961 NW 34 AVENUE LAUDERDALE LKS, FL 33309 | |
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| 4. FEI Number 65-1093634 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD KEMP, OTIS L BISHOP 3910 NW 177 STREET OPA LOCKA, FL 33055 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD KEMP, VIVIAN 3910 NW 177 STREET OPA LOCKA, FL 33055 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D NELSON, EULA 3961 NW 34 AVENUE LAUDERDALE LAKES, FL 33309 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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| SIGNATURE: <i>Eula Nelson</i> | Eula Nelson | 1/9/06 | 954-486-9595 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |