


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002126 1. Entity Name RAY KEMPFER MEMORIAL FOUNDATION, INC.	
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Principal Place of Business 6254 KEMPFER ROAD ST. CLOUD, FL 34773	Mailing Address 6254 KEMPFER ROAD ST. CLOUD, FL 34773
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0793115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, CHARLES J
1241 S FLORIDA AVENUE
ROCKLEDGE, FL 32955

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEMPFER, REED 6175 KEMPFER ROAD ST. CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEMPFER, CHARLENE 6175 KEMPFER ROAD ST. CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEMPFER, HOPPY 6175 KEMPFER ROAD ST. CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KEMPFER, JIMMY 6175 KEMPFER ROAD ST. CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/08/05-80013-015 61.25

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IN THIS SPACE**

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: Reed Kemper Reed Kemper 2/3/05 407 892 1169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #