

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 23, 2000 8:00 am
Secretary of State

04-17-2000 90086 015 ****70.00

DOCUMENT # N99000002812

1. Entity Name

JOHNNY AND PATTY KEMP MINISTRIES, INC.

Principal Place of Business

3950 N.W. 177TH STREET
 MIAMI FL 33055

Mailing Address

3950 N.W. 177TH STREET
 MIAMI FL 33055-3854

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0918134

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEMP, JOHNNY L
3950 N.W. 177TH STREET
MIAMI FL 33055

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------|------------------------|----------------|---------------------------------|
| P | KEMP, JOHNNY L | 3950 N.W. 177TH STREET | MIAMI FL 33055 | <input type="checkbox"/> D |
| S | KEMP, RAINA L | 3950 N.W. 177TH STREET | MIAMI FL 33055 | <input type="checkbox"/> D |
| T | KEMP, PATTY L | 3950 N.W. 177TH STREET | MIAMI FL 33055 | <input type="checkbox"/> D |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <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 |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Johnny L. Kemp*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000 (305)693-1574
 Date Daytime Phone #

CR2E037 (9/99)