

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002812

FILED
May 29, 2008
Secretary of State

Entity Name: JOHNNY AND PATTY KEMP MINISTRIES, INC.

Current Principal Place of Business:

3950 N.W. 177TH STREET
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

3950 N.W. 177TH STREET
MIAMI, FL 33055

New Mailing Address:

FEI Number: 65-0918134 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEMP, JOHNNY L
3950 N.W. 177TH STREET
MIAMI, FL 33055 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: PD () Delete
Name: KEMP, JOHNNY L
Address: 3950 N.W. 177TH STREET
City-St-Zip: MIAMI, FL 33055

Title: SD () Delete
Name: KEMP, RAINA L
Address: 3950 N.W. 177TH STREET
City-St-Zip: MIAMI, FL 33055

Title: TD () Delete
Name: KEMP, PATTY L
Address: 3950 N.W. 177TH STREET
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: MORTIMER, LA FARIES Y
Address: 3230 NW 151 TERRACE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAFARIES MORTIMER

RA

05/29/2008

Electronic Signature of Signing Officer or Director

Date