

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741524

**FILED**  
**Jan 31, 2014**  
**Secretary of State**  
**CC2665901901**

**Entity Name:** MISSIONARY EVANGELIST OUTREACH CENTER HOLINESS CHURCH, INC.

**Current Principal Place of Business:**

1766 N.W. 95 STREET  
MIAMI, FL 33147

**Current Mailing Address:**

C/O LA FARIES MORTIMER  
3230 N.W. 151ST TERRACE  
OPA LOCKA, FL 33054

**FEI Number: 65-0028303**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MORTIMER, LA FARIES Y  
3230 N.W. 151ST TERRACE  
OPA LOCKA, FL 33054 US

*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

**Officer/Director Detail :**

Title CEO  
Name KEMP, JOHNNY L  
Address 3950 N.W. 177TH STREET  
City-State-Zip: CAROL CITY FL 33055

Title VP  
Name KEMP, PATTY L  
Address 3950 NW 177TH ST  
City-State-Zip: CAROL CITY FL 33055

Title D  
Name MUMFORD, TADERRYL  
Address 1800 NW 85TH STREET  
City-State-Zip: MIAMI FL 33147

Title SD  
Name MORTIMER, CHRISTINE  
Address 4230 NW 173 DR  
City-State-Zip: CAROL CITY FL 33055

Title DIRECTOR  
Name KOON-KOON, CREZELLA  
Address 1766 N.W. 95 STREET  
City-State-Zip: MIAMI FL 33147

Title CFO  
Name MORTIMER, LAFARIES  
Address 3230 N.W. 151ST TERRACE  
City-State-Zip: OPA LOCKA FL 33054

Title COO  
Name TAYLOR, KANISHA  
Address 1766 N.W. 95 STREET  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name GIVENS, WILLIE MARY  
Address 1766 N.W. 95 STREET  
City-State-Zip: MIAMI FL 33147

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: LAFARIES MORTIMER**

**CFO**

**01/31/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name BROWNLEE, ANNIE M  
Address 1766 N.W. 95 STREET  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name HOLMES, GEORGE  
Address 1766 N.W. 95 STREET  
City-State-Zip: MIAMI FL 33147

Title DIRECTOR  
Name KEMP, RENALDO  
Address 1766 N.W. 95 STREET  
City-State-Zip: MIAMI FL 33147