

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741524

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

**FILED**  
**Jun 01, 2020**  
**Secretary of State**  
**7830984780CC**

**Current Principal Place of Business:**

1766 N.W. 95 STREET  
MIAMI, FL 33147

**Current Mailing Address:**

1766 NW 95TH STREET  
MIAMI, FL 33147 US

**FEI Number: 65-0028303**

**Certificate of Status Desired: Yes**

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

MORTIMER, LA FARIES Y  
1766 NW 95TH STREET  
MIAMI, FL 33147 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            DIRECTOR  
Name            KANISHA, TAYLOR  
Address        1766 NW 95TH STREET  
City-State-Zip: MIAMI FL 33147

Title            EXECUTIVE SECRETARY  
Name            MORTIMER, LAFARIES  
Address        1766 NW 95TH STREET  
City-State-Zip: MIAMI FL 33147

Title            TREASURER  
Name            MUMFORD, TADERRYL  
Address        1766 NW 95TH STREET  
City-State-Zip: MIAMI FL 33147

Title            DIRECTOR  
Name            FORD, BETTY  
Address        1766 NW 95TH STREET  
City-State-Zip: MIAMI FL 33147

Title            DIRECTOR  
Name            WILLIAMS, JAMES R  
Address        1766 NW 95TH STREET  
City-State-Zip: MIAMI FL 33147

*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**

**SECRETARY**

**06/01/2020**

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

\_\_\_\_\_  
Date