

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 3:02

DOCUMENT # **743056** (4)

1. Corporation Name
FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY, INC.

Principal Place of Business Mailing Address
RT 1 BOX 1139 BOYNTON BCH FL 33437-4703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/30/1978** 3a. Date of Last Report **02/18/1994**
4. FEI Number **59-1830267** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, ERNESTO
5092 MARCIA PLACE
BOX 1139 STATE RD 7 (BOYNTON BEACH, FL)
W. PALM BEACH FL 33407

81 Name **Chavez, Ruben**
82 Street Address (P.O. Box Number is Not Acceptable)
19397 Delaware Circle
83 **Rt. 1 Box 1139 St. Rd. 7 Boynton Bch., FL**
84 City **Boca Raton** FL 85 Zip Code **33434**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Ruben Chavez, Executive Director** *Ruben Chavez* 01/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DONAYRE, FERNANDO
STREET ADDRESS	4288 ROYAL OAK DR.
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	D
NAME	GONZALEZ, ERNESTO V.
STREET ADDRESS	5092 MARCIA PLACE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	FATHER MATTHEW DIDONE
STREET ADDRESS	9500 W. ATLANTIC AVE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D
NAME	JACKSON, JEREZ
STREET ADDRESS	472 B HIGHPOINT DRIVE
CITY-ST-ZIP	DELRAY BCH. FL
TITLE	D
NAME	SCHELL, GREG
STREET ADDRESS	408 SE AVE E SUITE 102
CITY-ST-ZIP	BELLE GLADE FL
TITLE	D
NAME	FRAZIER, EUNICE
STREET ADDRESS	2807 WINDSWEEP DR 104
CITY-ST-ZIP	LANTANA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hastings, Bernard	
1.3 STREET ADDRESS	5542 Mirror Lake Blvd	
1.4 CITY-ST-ZIP	Boynton Beach, FL 33437	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peirce, Holly	
2.3 STREET ADDRESS	8650 S.W. 67 Ave Apt. #1030	
2.4 CITY-ST-ZIP	Miami, FL 33143	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Father Matthew Didone	
3.3 STREET ADDRESS	9500 W. Atlantic Ave	
3.4 CITY-ST-ZIP	DeLray Beach, FL 33444	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scott, Connie	
4.3 STREET ADDRESS	1915 N.W. 10th Street	
4.4 CITY-ST-ZIP	DeLray Beach, FL 33445	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ruben Chavez	
6.3 STREET ADDRESS	19397 Delaware Circle	
6.4 CITY-ST-ZIP	Boca Raton, FL 33434	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruben Chavez* Ruben Chavez 1/17/95 407-736-1567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #