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FILED

**Jan 27 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 743056 (4)

1. Corporation Name

**FARMWORKER COORDINATING COUNCIL OF PALM BEACH CO
UNTY, INC.**



Principal Place of Business

Mailing Address

RT 1 BOX 1139
BOYNTON BCH FL 33437-4703

RT 1 BOX 1139
BOYNTON BCH FL 33437-9901

3. Date Incorporated or Qualified
05/30/1978

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1830267

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUBEN, CHAVEZ
19397 DELAWARE CIR.
BOCA RATON FL 33434**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **P HASTINGS, BERNARD**
STREET ADDRESS **5542 MIRROR LAKE BLVD.**
CITY-ST-ZIP **BOYNTON BCH. FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **D JACKSON, JEREZ**
STREET ADDRESS **472 B HIGHPOINT DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **V DIDONE, FATHER MATTHEW**
STREET ADDRESS **9500 W. ATLANTIC AVE**
CITY-ST-ZIP **DELRAY BEACH FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **T SCOTT, CONNIE**
STREET ADDRESS **1915 NW 10TH ST**
CITY-ST-ZIP **DELRAY BCH. FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **D SCHELL, GREG**
STREET ADDRESS **406 SE AVE E SUITE 102**
CITY-ST-ZIP **BELLE GLADE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME **D CHAVEZ, RUBEN**
STREET ADDRESS **19397 DELAWARE CIR.**
CITY-ST-ZIP **BOCA RATON FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97 561-736-1843

Date

Daytime Phone # 0042515

CR2E037 (9/96)