

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90144 029 ****70.00

DOCUMENT # 743056

1. Entity Name

FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

1010 10TH AVENUE NORTH
 SUITE 1
 LAKE WORTH FL 33460

1010 10TH AVENUE NORTH
 SUITE 1
 LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1830267

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELSON, CORINNE ED
 3010 10TH AVENUE NORTH
 SUITE 1
 LAKE WORTH FL 33460

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HASTINGS, BERNARD	
STREET ADDRESS	5542 MIRROR LAKE BLVD.	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JEREZ	
STREET ADDRESS	472 B HIGHPOINT DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL 33435	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	DIDONE, FATHER MATTHEW	
STREET ADDRESS	9500 W. ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCOTT, CONSTANCE	
STREET ADDRESS	4881 GLENN PINE LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	BD	<input type="checkbox"/> Delete
NAME	SCHELL, GREG	
STREET ADDRESS	406 SE AVE E SUITE 102	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOLINA, JEANETTE	
STREET ADDRESS	71157 102ND PLACE SOUTH	
CITY-ST-ZIP	BOYNTON BEACH F: 33437	

TITLE	BD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sales, David	
STREET ADDRESS	2139 Palm Beach Lakes Blvd.	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	BD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ebberbach, Scott	
STREET ADDRESS	1599 S.W. 30th Avenue	
CITY-ST-ZIP	Boynton Beach, FL 33416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE OF BERNARD HASTINGS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (56) 731-0157
 Date Daytime Phone #

CR2E037 (9/01)