## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#743056** 

FILED Jul 18, 2007 Secretary of State

Entity Name: FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY, INC.

	rincipal Place of Business:	New Principal Place of Business:	
	AVENUE NORTH		
SUITE 1 _AKE WOF	RTH, FL 33460		
Current M	ailing Address:	New Mailing Address:	
1010 10TH	AVENUE NORTH		
SUITE 1 LAKE WOF	RTH, FL 33460		
	59-1830267 FEI Number Applied For (		ired ( )
	ce with s. 607.193(2)(b), F.S., the corporation of Address of Current Registered Agen	-	:
,	MANUEL ED AVENUE NORTH		
SUITE 1	RTH, FL 33460 US		
		the purpose of changing its registered office or registered agen	it or both
	e of Florida.		,,
SIGNATUF			
	Electronic Signature of Registered	d Agent Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS
Γitle: Name:	P ( ) Delete PALACIO, SERGIO	Title: ( ) Change ( ) Addition Name:	
Address: City-St-Zip:	FAU - 777 GLADES ROAD BOCA RATON, FL 33431	Address: City-St-Zip:	
Γitle:	BD ( ) Delete SALES, DAVID	Title: VP (X) Change()Addition Name: MOLINA, JEANNETTE	
Name: Address:	2139 PALM BEACH LAKES BLVD	Address: 740 EAST OCEAN AVE #309	
	MUCCE DALM DEACH EL 22407	City-St-Zip: BOYNTON BEACH, FL 33435	
City-St-Zip:	WEST PALM BEACH, FL 33407	ony of Elp. Both to the Electrical to the	
Γitle:	T ( ) Delete	Title: T (X) Change ( ) Addition	
Title: Name:			
Fitle: Name: Nddress:	T ( ) Delete LALVANI, PREM	Title: T (X) Change()Addition Name: LUCE, DEAN	
Fitle: Name: Address: City-St-Zip: Fitle:	T () Delete LALVANI, PREM 99 SE MEIZNER BLVD #737 BOCA RATON, FL 33432 BD () Delete	Title: T (X) Change ( ) Addition Name: LUCE, DEAN Address: 2946 GENOA PLACE City-St-Zip: WEST PALM BEACH, FL 33406 Title: ( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name:	T () Delete LALVANI, PREM 99 SE MEIZNER BLVD #737 BOCA RATON, FL 33432 BD () Delete SMITH, BERNARD M	Title: T (X) Change ( ) Addition Name: LUCE, DEAN Address: 2946 GENOA PLACE City-St-Zip: WEST PALM BEACH, FL 33406  Title: ( ) Change ( ) Addition Name:	
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Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Name: Address:	T () Delete LALVANI, PREM 99 SE MEIZNER BLVD #737 BOCA RATON, FL 33432  BD () Delete SMITH, BERNARD M 2728 N. GARDEND DR. APT 114 LAKE WORTH, FL 33461  VP () Delete	Title: T (X) Change ( ) Addition Name: LUCE, DEAN Address: 2946 GENOA PLACE City-St-Zip: WEST PALM BEACH, FL 33406  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: SEC (X) Change ( ) Addition	
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Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name:	T () Delete LALVANI, PREM 99 SE MEIZNER BLVD #737 BOCA RATON, FL 33432  BD () Delete SMITH, BERNARD M 2728 N. GARDEND DR. APT 114 LAKE WORTH, FL 33461  VP () Delete MOLINA, JEANETTE 740 EAST OCEAN AVENUE #106 BOYNTON BEACH, FL 33435  S () Delete BEHLMAN, FRANCES	Title: T (X) Change ( ) Addition Name: LUCE, DEAN Address: 2946 GENOA PLACE City-St-Zip: WEST PALM BEACH, FL 33406  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: SEC (X) Change ( ) Addition Name: ZAVALA, GAYLE Address: 12219 SANNENWOOD LANE City-St-Zip: WELLINGTON, FL 33414  Title: BD (X) Change ( ) Addition Name: VAN VORST, HARRY	
City-St-Zip:  Fitle: Name: Address: City-St-Zip:  City-St-Zip:	T () Delete LALVANI, PREM 99 SE MEIZNER BLVD #737 BOCA RATON, FL 33432  BD () Delete SMITH, BERNARD M 2728 N. GARDEND DR. APT 114 LAKE WORTH, FL 33461  VP () Delete MOLINA, JEANETTE 740 EAST OCEAN AVENUE #106 BOYNTON BEACH, FL 33435  S () Delete	Title: T (X) Change ( ) Addition Name: LUCE, DEAN Address: 2946 GENOA PLACE City-St-Zip: WEST PALM BEACH, FL 33406  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: SEC (X) Change ( ) Addition Name: ZAVALA, GAYLE Address: 12219 SANNENWOOD LANE City-St-Zip: WELLINGTON, FL 33414  Title: BD (X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MANUEL ALLENDE ED 07/18/2007