

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743056

FILED
Feb 03, 2009
Secretary of State

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

Current Principal Place of Business:

1010 10TH AVENUE NORTH
SUITE 1
LAKE WORTH, FL 33460

New Principal Place of Business:

1313 CENTRAL TERRACE
LAKE WORTH, FL 33460

Current Mailing Address:

1010 10TH AVENUE NORTH
SUITE 1
LAKE WORTH, FL 33460

New Mailing Address:

1313 CENTRAL TERRACE
LAKE WORTH, FL 33460

FEI Number: 59-1830267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLENDE, MANUEL ED
1010 10TH AVENUE NORTH
SUITE 1
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

ALLENDE, MANUEL ED
1313 CENTRAL TERRACE
LAKE WORTH, FL 33460 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:

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PALACIO, SERGIO
Address: 554 WOODLAND CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: VP () Delete
Name: MOLINA, JEANNETTE
Address: 740 EAST OCEAN AVE #309
City-St-Zip: BOYNTON BEACH, FL 33435

Title: T () Delete
Name: LUCE, DEAN
Address: 2946 GENOA PLACE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: BD () Delete
Name: SMITH, BERNARD M
Address: 554 WOODLAND CIRCLE
City-St-Zip: ATLANTIS, FL 33462

Title: SEC () Delete
Name: ZAVALA, GAYLE
Address: 12219 SANNENWOOD LANE
City-St-Zip: WELLINGTON, FL 33414

Title: BD () Delete
Name: VAN VORST, HARRY
Address: 525 COLONIAL ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

E.D.

02/03/2009

Electronic Signature of Signing Officer or Director

Date