

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90056 043 \*\*\*\*70.00

**DOCUMENT # 743056**

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



Principal Place of Business  
**1010 10TH AVENUE NORTH  
SUITE 1  
LAKE WORTH FL 33460**

Mailing Address  
**1010 10TH AVENUE NORTH  
SUITE 1  
LAKE WORTH FL 33460**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**DANIELSON, CORINNE ED  
1010 10TH AVENUE NORTH  
SUITE 1  
LAKE WORTH FL 33460**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HASTINGS, BERNARD</b> <input type="checkbox"/> Delete <b>5542 MIRROR LAKE BLVD.</b> <b>BOYNTON BCH. FL 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sergio Palacio</b> <b>777 Glades Road</b> <b>Boca Raton, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <input type="checkbox"/> Delete <b>SALES, DAVID</b> <b>2139 PALM BEACH LAKES BLVD</b> <b>WEST-PALM BEACH FL-33407</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <input type="checkbox"/> Delete <b>EBBERBACH, SCOTT</b> <b>1599 SW 30TH AVE</b> <b>BOYNTON BEACH FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>SCOTT, CONSTANCE</b> <b>4881 GLENN PINE LN</b> <b>BOYNTON BEACH FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BD</b> <input type="checkbox"/> Delete <b>SCHELL, GREG</b> <b>406 SE AVE E SUITE 102</b> <b>BELLE GLADE FL 33430</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>MOLINA, JEANETTE</b> <b>71157 102ND PLACE SOUTH</b> <b>BOYNTON BEACH F; 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** 1/14/03 561-533-7227

CR2E037 (10/02)