

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 APPROVED

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|---|---|--|--------------------------------------|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS | AND FILED 1995 MAY - 1 PM 4:23 |
|---|---|--|--------------------------------------|

DOCUMENT # 753265 (8)

1. Corporation Name
FARMWORKER MINISTRY, INC.

DIVISION OF STATE
 TALLAHASSEE, FLORIDA

400001491804
 -05/17/95--01142--003
 *****61.25 *****61.25
 DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| Principal Place of Business | Mailing Address |
| 119 E. BRIDGERS AVE. AUBURNDALE FL 33823 US | P.O. BOX 1855 AUBURNDALE FL 33823 US |

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/08/1980 | 3a. Date of Last Report 06/13/1994 |
| 4. FEI Number 59-2041344 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

MOGIVNEY, PEARL, S.L.
49 KELLY LANE, APT. A
AUBURNDALE FL 33823

255 S. Seminole
LK ALFRED, FL

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable. NOTE: Registered Agent signature required when reappointing.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CATALINA, MONDRAGON | 1.2 NAME | |
| STREET ADDRESS | 255 S SEMINOLE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAKE ALFRED FL 33850 | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CALDERON, SALVADOR | 2.2 NAME | |
| STREET ADDRESS | 2586 BLUEBIRD RD. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | WINTER HAVEN FL 33880 | 2.4 CITY - ST - ZIP | |
| TITLE | TD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, JAVIER | 3.2 NAME | |
| STREET ADDRESS | 110 7TH ST. W. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | AUBURNDALE FL 33823 | 3.4 CITY - ST - ZIP | |
| TITLE | SD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAPATA, ALICIA | 4.2 NAME | |
| STREET ADDRESS | 117 MCKEAN STREET | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | AUBURNDALE FL | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANCHEZ, ESTELA | 5.2 NAME | |
| STREET ADDRESS | 63 MEADOW WAY | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | W. FROST PROOF FL | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alicia Zapata* **ALICIA ZAPATA** DATE: **5-7-95** DAYTIME PHONE: **813-967-983**