

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **753265** (8)  
1. Corporation Name  
**FARMWORKER MINISTRY, INC.**



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

3. Date Incorporated or Qualified: **07/08/1980**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2041344**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**MCGIVNEY, PEARL, S.L.  
255 S. SEMINOLE  
LAKE ALFRED FL 33823**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CATALINA, MONDRAGON	
STREET ADDRESS	255 S SEMINOLE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CALDERON, SALVADOR	
STREET ADDRESS	2586 BLUEBIRD RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARCIA, JAVIER	
STREET ADDRESS	110 7TH ST. W.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZAPATA, ALICIA	
STREET ADDRESS	117 MCKEAN STREET	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANCHEZ, ESTELA	
STREET ADDRESS	83 MEADOW WAY	
CITY-ST-ZIP	W. FROST PROOF FL 33843	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	304 FERN RD
34 CITY-ST-ZIP	WINTER HAVEN FL 33880
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	728 BRIDGERS AVE.
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leticia Alicia Zapata Rm 5/26/96 941 967 9583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)