

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 06 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1980	3a. Date of Last Report 05/31/1996
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MCGIVNEY, PEARL, S.I.
 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
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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CATALINA, MONDRAGON	
STREET ADDRESS	255 S SEMINOLE	
CITY-ST-ZIP	LAKE ALFRED FL 33850	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CALDERON, SALVADOR	
STREET ADDRESS	2586 BLUEBIRD RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, JAVIER	
STREET ADDRESS	304 FERN RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZAPATA, ALICIA	
STREET ADDRESS	728 BRIDGERS AVENUE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, ESTELA	
STREET ADDRESS	63 MEADOW WAY	
CITY-ST-ZIP	W. FROST PROOF FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	pd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROGELIO DURAN	
1.3 STREET ADDRESS	732 BRIDGERS AVE	
1.4 CITY-ST-ZIP	AUBURNDALE, FL 33823	
2.1 TITLE	vd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELISA LEON	
2.3 STREET ADDRESS	220-24th CT, NW	
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
3.1 TITLE	td	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NICOLAS RIVERA	
3.3 STREET ADDRESS	116 7th ST. S.	
3.4 CITY-ST-ZIP	HAINES CITY FL 33844	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	d	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PENELOPE DURAN	
5.3 STREET ADDRESS	732 BRIDGERS AVE	
5.4 CITY-ST-ZIP	AUBURNDALE, FL 33823	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 _____ SIGNATURE REQUIRED

CR2E037 (4/97)