

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 13 PM 5:27

DOCUMENT # 753265
 1. Corporation Name
FARMWORKER MINISTRY, INC.

Principal Place of Business
 318 BRIDGERS AVE W
 AUBURNDALE FL 33823
 US

Mailing Address
 P.O. BOX 1855
 AUBURNDALE FL 33823
 US



REINSTATEMENT 99

21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4	FEI Number	Applied For	
22	City & State	27	City & State		59-2041344	Not Applicable	
23	Zip	28	Country	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
24	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCGIVNEY, PEARL, S.L. 255 S. SEMINOLE LAKE ALFRED FL 06829 33850		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: *Pearl McGivney, S.L.* PEARL MCGIVNEY, S.L. DATE: 10/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DURAN, ROGELIO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	732 BRIDGERS AVE AUBURNDALE FL	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	VD LEON, ELISA	1.4 CITY-ST-ZIP	
STREET ADDRESS	220 24TH CT NW WINTER HAVEN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME	400003019024--9
TITLE	TD RIVERA, NICOLAS	2.3 STREET ADDRESS	-10/19/99--01095--001
STREET ADDRESS	116 7TH ST S HAINES CITY FL	2.4 CITY-ST-ZIP	***236.25 ***236.25
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD ZAPATA, ALICIA	3.2 NAME	
STREET ADDRESS	728 BRIDGERS AVENUE AUBURNDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DURAN, PENELOPE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	732 BRIDGERS AVE AUBURNDALE FL	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Alicia Zapata, RSM* ALICIA ZAPATA, RSM DATE: 9/20/99 863-967-9583

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CR2E037 (5/99)