

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90004 013 ****61.25

DOCUMENT # 753265

1. Entity Name *R*
FARMWORKER MINISTRY, INC.

Principal Place of Business Mailing Address

318 BRIDGERS AVE W P.O. BOX 1855
 AUBURNDALE FL 33823 AUBURNDALE FL 33823-1855
 US US

00001011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2041344 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCGIVNEY, PEARL S
255 S. SEMINOLE
LAKE ALFRED FL 33850

7. Name and Address of New Registered Agent

Name **MCGIVNEY, PEARL R.**

Street Address (P.O. Box Number is Not Acceptable)

318 W BRIDGERS AVE.

City **AUBURNDALE, FL** Zip Code **33823**

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.

SIGNATURE *Pearl R. McGivney* 6/23/00

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

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be

Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DURAN, ROGELIO	
STREET ADDRESS	732 BRIDGERS AVE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEON, ELISA	
STREET ADDRESS	220 24TH CT NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVERA, NICOLAS	
STREET ADDRESS	116 7TH ST S	
CITY-ST-ZIP	HAINES CITY 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	DURAN, PENELOPE	
STREET ADDRESS	732 BRIDGERS AVE	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Pearl R. McGivney* **SIGNATURE REQUIRED** 6/23/00 863-967-9583

Signature and typed or printed name of signing officer or director Date Daytime Phone #