

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-29-2001 90003 033 ****61.25

DOCUMENT # 753265

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2041344

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MC GIVNEY, PEARL S
318 W BRIDGERS AVE
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

(SAME)

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

~~P.O. Box 1855~~ **318 W. BRIDGERS AVE**

Auburndale FL 33823

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME DURAN, ROGELIO
 STREET ADDRESS 732 BRIDGERS AVE
 CITY-ST-ZIP AUBURNDALE FL

TITLE VD Delete
 NAME LEON, ELISA
 STREET ADDRESS 220 24TH CT NW
 CITY-ST-ZIP WINTER HAVEN FL

TITLE TD Delete
 NAME RIVERA, NICOLAS
 STREET ADDRESS 116 7TH ST S
 CITY-ST-ZIP HAINES CITY FL

TITLE SD Delete
 NAME ZAPATA, ALICIA
 STREET ADDRESS 728 BRIDGERS AVENUE
 CITY-ST-ZIP AUBURNDALE FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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TITLE Change 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:

Alicia Zapata
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/01
 Date

863-967-9583
 Daytime Phone #

CR2E037 (10/00)