

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90013 009 ****61.25

0044805

DOCUMENT # 753265

1. Entity Name

FARMWORKER MINISTRY, INC.

Principal Place of Business

Mailing Address

318 BRIDGERS AVE W
 AUBURNDALE FL 33823
 US

P.O. BOX 1855
 AUBURNDALE FL 33823
 US

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

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MCGIVNEY, PEARL S
318 W BRIDGERS AVE
AUBURNDALE FL 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 Mc Givney

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

(NOTE: Registered Agent signature required when reinstating)

4/4/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

4/4/02
 Date

863 967 9583
 Daytime Phone #

CR2E037 (9/01)