


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90005 009 ****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.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
MCGIVNEY, PEARL S
318 W BRIDGERS AVE
AUBURNDALE FL 33823

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 (PO Box 1855)**
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Pearl R. McGivney* DATE: **7/6/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD DURAN, ROGELIO	<input type="checkbox"/> Delete
STREET ADDRESS	722 LINDSEY PLACE	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE NAME	VD LEON, ELISA	<input type="checkbox"/> Delete
STREET ADDRESS	220 24TH CT NW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE NAME	TD RIVERA, NICOLAS	<input type="checkbox"/> Delete
STREET ADDRESS	116 7TH ST S	
CITY-ST-ZIP	HAINES CITY FL 33884	
TITLE NAME	SD ZAPATA, ALICIA	<input type="checkbox"/> Delete
STREET ADDRESS	318 W. BRIDGERS AVE.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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* DATE: **7/6/04** DAYTIME PHONE #: **863 967 9583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR