


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 753265</b> 1. Entity Name <b>FARMWORKER MINISTRY, INC.</b>	
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Principal Place of Business <b>318 BRIDGERS AVE W AUBURNDALE FL 33823 US</b>	Mailing Address <b>P.O. BOX 1855 AUBURNDALE FL 33823 US</b>
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2. Principal Place of Business	3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	
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1st MOORE      CR2E037 (10/05)

City & State	City & State	
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4. FEI Number <b>59-2041344</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>MCGIVNEY, PEARL S 318 W BRIDGERS AVE P.O. BOX 1855 AUBURNDALE FL 33823</b>
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<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete DURAN, ROGELIO 722 LINDSEY PLACE LAKE WALES FL 33853
NAME	VD <input type="checkbox"/> Delete LEON, ELISA 220 24TH CT NW WINTER HAVEN FL 33880
STREET ADDRESS	TD <input type="checkbox"/> Delete RIVERA, NICOLAS 116 7TH ST S HAINES CITY FL 33884
CITY-ST-ZIP	SD <input type="checkbox"/> Delete ZAPATA, ALICIA 318 W. BRIDGERS AVE. AUBURNDALE FL 33823
CITY-ST-ZIP	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100000537424  
05/09/06-80018-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 RSM*      4/24/06