## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 753265**

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: FARMWORKER MINISTRY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

318 BRIDGERS AVE W 318 BRIDGERS AVE W

AUBURNDALE, FL 33823 US AUBURNDALE, FL 33823 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1855

AUBURNDALE, FL 33823 US

FEI Number: 59-2041344 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCGIVNEY, PEARL S 318 W BRIDGERS AVE

AUBURNDALE, FL 33823 US

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete DURAN, ROGELIO ALVARADO, ANGIE Name: Name:

722 LINDSEY PLACE Address: 204 ELAINE DRIVE Address: City-St-Zip: LAKE WALES, FL 33853 City-St-Zip: AUBURNDALE, FL 33823

Title: VD Title: VD () Delete (X) Change ( ) Addition

Name: LEON, ELISA Name: GARCIA, EVA Address: 220 24TH CT NW Address: 127 NELSON ST. City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: AUBURNDALE, FL 33823

Title: () Delete Title: (X) Change ( ) Addition

RIVERA, NICOLAS VAZQUEZ, LAURA Name: Name: Address: 116 7TH ST S Address: 255 S. SEMINOLE City-St-Zip: HAINES CITY, FL 33884 City-St-Zip: LAKE ALFRED, FL 33850

Title: SD ( ) Delete Title: () Change () Addition

Name: ZAPATA, ALICIA Name: Address: 318 W. BRIDGERS AVE. Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGIE ALVARADO PD 01/16/2009

Electronic Signature of Signing Officer or Director

Date