


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90231 041 ****61.25

DOCUMENT # 753265
1. Entity Name
FARMWORKER MINISTRY INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
318 W BRIDGERS AVE.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 1855
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
AUBURNDALE FL

City & State
AUBURNDALE FL

4. FEI Number
59-2041344

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33823

Country

Zip
33823

Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
PEARL R. MCGIVNEY

Street Address (P.O. Box Number is Not Acceptable)
318 W. BRIDGERS AVENUE

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 _____ DATE **5/15/03**

* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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 STREET ADDRESS CITY-ST-ZIP	PD ROGELIO DURAN 722 LINDSEY PLACE LAKE WALES FL 33853 <i>LAKE WALES</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELISA LEON 220-24TH CT, NW WINTER HAVEN FL 33880 <i>Winter Haven</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICOLAS RIVERA 116-7TH ST, S HAINES CITY FL 33884 <i>HAINES CITY</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALICIA ZAPATA 318 W. BRIDGERS AVE AUBURNDALE FL 33823 <i>AUBURNDALE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alicia Zapata Secretary Director 5/15/03 863 967 9583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #