

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N14613 (6)**  
1. Corporation Name  
**FARMWORKER ASSOCIATION OF FLORIDA, INC.**

|                                                                           |                                                               |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br><b>815 PARK AVENUE<br/>APOPKA FL 32703</b> | Mailing Address<br><b>815 PARK AVENUE<br/>APOPKA FL 32703</b> |
|---------------------------------------------------------------------------|---------------------------------------------------------------|

|                                                                                                                                 |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

**9. Name and Address of Current Registered Agent**

**KENDRICK, ANN  
815 SO PARK AVE  
APOPKA FL 32703**

|                                                                                                                                                                 |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/28/1986</b>                                                                                                          | 3a. Date of Last Report<br><b>02/20/1996</b>           |
| 4. FEI Number<br><b>59-2683978</b>                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional<br/>Fee Required</b>              |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                              | <b>\$5.00 May Be<br/>Added to Fees</b>                 |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

**10. Name and Address of New Registered Agent**

|                                                              |
|--------------------------------------------------------------|
| <b>81</b> Name                                               |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>                                                    |
| <b>84</b> City                                               |
| <b>FL</b>                                                    |
| <b>85</b> Zip Code                                           |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Ann Kendrick*

**ANN KENDRICK**

**10/15/97**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

|                                                |                                                                            |                                            |
|------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>CATALINO, FRIAS<br/>P. O. BOX 1074 N/A<br/>DELEON SPRINGS FL</b> | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>GONZALES, HONORIO<br/>75 ROSE ST<br/>UMATILLA FL</b>             | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>SEAY, LOUISE<br/>206 W 14TH STREET<br/>APOPKA FL</b>             | <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>RAMOS, JESUS<br/>P.O. BOX 74 N/A<br/>SEVILLE FL</b>              | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            | <input type="checkbox"/> DELETE            |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                                                                |                                                                              |
|----------------------------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**TD  
MIGUEL ZELAYA  
P.O. BOX 294 N/A  
ZELL WOOD, FL 32798-0294**

**300002327323--5  
-10/22/97--01103--019  
\*\*\*\*\*236.25 \*\*\*\*\*236.25**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **ANN KENDRICK** (407)

**FILED**  
97 OCT 21 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**REINSTATEMENT** 97aw  
DO NOT WRITE IN THIS SPACE

CR2E037 (4/97)