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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14613 (6)

1. Corporation Name
FARMWORKER ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
815 PARK AVENUE APOPKA FL 32703	815 PARK AVENUE APOPKA FL 32703

3. Date Incorporated or Qualified: 04/28/1986

4. FEI Number: 59-2683978 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENDRICK, ANN 815 SO PARK AVE APOPKA FL 32703	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CATALINO, FRIAS		1.2 NAME		
STREET ADDRESS	P. O. BOX 1074 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELEON SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	TREASURER-DIRECTOR	☒ Change ☐ Addition
NAME	~~ZELAYA, MIGUEL~~		2.2 NAME	EVERARDO CORTEZ	
STREET ADDRESS	~~P.O. BOX 284, N/A~~		2.3 STREET ADDRESS	P.O. BOX 68 N/A	
CITY-ST-ZIP	~~ZELLWOOD FL 32798-0294~~		2.4 CITY-ST-ZIP	MASCOTTE, FL 32726	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEAY, LOUISE		3.2 NAME		
STREET ADDRESS	206 W 14TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS, JESUS		4.2 NAME		
STREET ADDRESS	P.O. BOX 74 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VICE-PRESIDENT	☐ Change ☒ Addition
NAME			5.2 NAME	MIGUEL LOPEZ	
STREET ADDRESS			5.3 STREET ADDRESS	P.O. BOX 3391 N/A	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: L. Louise Seay 6/18/98 (407)886-5751