

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90036 018 ****61.25

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DOCUMENT # N14613

1. Corporation Name

FARMWORKER ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

**815 PARK AVENUE
APOPKA FL 32703**

Mailing Address

**815 PARK AVENUE
APOPKA FL 32703**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 **PD** ☐ DELETE
NAME **CATALINO, FRIAS**
STREET ADDRESS **P. O. BOX 1074 N/A**
CITY-ST-ZIP **DELEON SPRINGS FL**

TITLE **TD** ☐ DELETE
NAME **CORTEZ, EVERARDO**
STREET ADDRESS **P.O. BOX 68 N/A**
CITY-ST-ZIP **MASCOTTE FL 32726**

TITLE **VD** ☐ DELETE
NAME **SEAY, LOUISE**
STREET ADDRESS **206 W 14TH STREET**
CITY-ST-ZIP **APOPKA FL**

TITLE **SD** ☐ DELETE
NAME **RAMOS, JESUS**
STREET ADDRESS **P.O. BOX 74 N/A**
CITY-ST-ZIP **SEVILLE FL**

TITLE **VP** ☐ DELETE
NAME **LOPEZ, MIGUEL**
STREET ADDRESS **P.O. BOX 3391 N/A**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE *Louisa Harris* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99
Date

(407) 886-5151
Daytime Phone #

CR2E037 (11/98)