

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14613

FILED
May 18, 2007
Secretary of State

Entity Name: FARMWORKER ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

815 PARK AVENUE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

815 PARK AVENUE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-2683978 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CATALINO, FRIAS,
Address: P. O. BOX 1070 N/A
City-St-Zip: PIERSON, FL 32180

Title: TD () Delete
Name: CORTEZ, EVERARDO
Address: P.O. BOX 68 N/A
City-St-Zip: MASCOTTE, FL 32726

Title: VD () Delete
Name: RAMIREZ, FILIBERTA
Address: P.O.BOX 1866
City-St-Zip: IMMOKALEE, FL 34143

Title: SD () Delete
Name: ALBARRAN, HERIBERTO
Address: 1236 RT 2A
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: ESPINO, JOAQUIN
Address: 22225 SW 116TH ST
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: HERNANDEZ, MANUEL
Address: 306 MAIN ST
City-St-Zip: PIERSON, FL 32180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FRIAS, CATALINO
Address: P. O. BOX 1070 N/A
City-St-Zip: PIERSON, FL 32180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: EVERARDO CORTEZ

TD

05/18/2007

Electronic Signature of Signing Officer or Director

Date