2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N14613

Entity Name: THE FARMWORKER ASSOCIATION OF FLORIDA INC

Current Principal Place of Business:

1264 APOPKA BLVD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1264 APOPKA BLVD
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:

ZAYAS, FELICIANO FINANCE
1264 APOPKA BLVD
APOPKA, FL 32703 US

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: FELICIANO ZAYAS 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DELGADILLO, ENRIQUE
Address: P. O. BOX 1054
City-St-Zip: PIERSON, FL 32180

Title: V ( ) Delete
Name: RAMIREZ, YESICA
Address: 1309 ROSSMAN DR
City-St-Zip: APOPKA, FL 32703

Title: V ( ) Delete
Name: ROBINSON, MARY ANN
Address: 1522 S HIGHLAND AVE
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete
Name: QUEZADA, ISIDORO
Address: 20134 SW 118 CT
City-St-Zip: MIAMI, FL 33177

Title: T ( ) Delete
Name: NARANJO, DANIEL
Address: 180 S CYPRESS ST
City-St-Zip: FELLSMERE, FL 32948

Title: HM ( ) Delete
Name: CORTEZ, EVERDO
Address: P.O. BOX 68
City-St-Zip: MASCOTTE, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: FELICIANO ZAYAS FIN. 05/01/2009
Electronic Signature of Signing Officer or Director Date