

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:22

DOCUMENT # P06184 (6)

1. Corporation Name
NATIONAL FARM WORKER MINISTRY, INC.

Principal Place of Business Mailing Address
1337 WEST OHIO CHICAGO IL 60622 1337 WEST OHIO CHICAGO IL 60622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1985	3a. Date of Last Report 05/19/1994
4. FEI Number 95-2692880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

PERRY, ROBERTA
1109 S. CASS STREET
DE LAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SENN, IRENE
STREET ADDRESS	3221 SOUTH LAKE DRIVE
CITY - ST - ZIP	MILWAUKEE WI
TITLE	PPD
NAME	MOSER SMITH, MILDRED
STREET ADDRESS	790 PLYMOUTH ROAD
CITY - ST - ZIP	CLAREMONT CA
TITLE	VD
NAME	DAY, GARNETT JR. REV.
STREET ADDRESS	222 S. DOWNEY AVE.
CITY - ST - ZIP	INDIANAPOLIS IN
TITLE	VD
NAME	GIORDANO, JEANNE
STREET ADDRESS	826 SEAWARD ROAD
CITY - ST - ZIP	CORONA DEL MAR CA
TITLE	PD
NAME	RHOADES, BENTON
STREET ADDRESS	732 MAYFLOWER RD.
CITY - ST - ZIP	CLAREMONT CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	same
2.3 STREET ADDRESS	635 B Alden Rd
2.4 CITY - ST - ZIP	same
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	X omit
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD Kolya Brown
6.3 STREET ADDRESS	475 Riverside Drive Rm 1502
6.4 CITY - ST - ZIP	New York NY 10115

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Patricia A. Drydyk, Ex. Director 1/28/95 312 829 6436
J. Benton Rhoades, President