


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Moïtham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P06184 (6)
1. Corporation Name
NATIONAL FARM WORKER MINISTRY, INC.



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| Principal Place of Business 1337 WEST OHIO CHICAGO IL 60622 | Mailing Address 1337 WEST OHIO CHICAGO IL 60622-6430 |
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| 3. Date Incorporated or Qualified 05/28/1985 | 3a. Date of Last Report 04/02/1996 |
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|---|---|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | 22. Mailing Address Suite, Apt. #, etc. City & State Zip Country |
|---|---|

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|---|--|
| 4. FEI Number 95-2692880 | Applied For <input type="checkbox"/> 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 |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | STD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SENN, IRENE | 1.2 NAME | |
| STREET ADDRESS | 3221 SOUTH LAKE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MILWAUKEE WI | 1.4 CITY-ST-ZIP | |
| TITLE | PPD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOSER SMITH, MILDRED | 2.2 NAME | |
| STREET ADDRESS | 635 B ALDEN ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLAREMONT CA | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAUN, KOLYA | 3.2 NAME | |
| STREET ADDRESS | 475 RIVERSIDE DRIVE ROOM 1502 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIORDANO, JEANNE | 4.2 NAME | |
| STREET ADDRESS | 626 SEAWARD ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORONA DEL MAR CA | 4.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 5.1 TITLE | PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RHOADES, BENTON | 5.2 NAME | |
| STREET ADDRESS | 732 MAYFLOWER RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLAREMONT CA | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | GROSS, ADELA |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 609 THIRD ST SE |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | LITTLE FALLS MN 56345 |

14. I do 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.

CR2E037 (9/96)