FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P06184

(6)

NATIONAL FARM WORKER MINISTRY, INC.

1011101	THE TRUMP WOUNCE WHITE	011111 IIIO.									
Principal Place of Business 1337 WEST OHIO CHICAGO IL 60622		Mailing Address 1337 WEST OHIO CHICAGO IL 60622						L HANDINGOL OUT ORING OFFICE SIZOL SERVI MIRI	OIEIL BID	() 238)) 8 19)(8	
						-		Date Incorporated or Qualified 05/28/1985 FEI Number			pplied For
2 Principal Pl	ace of Business	2a. Mailing Addres						95-2692880			ot Applicable
21	BOO OF DUBINOSS	— ·	26				5.	Certificate of Status Desired		1	Additional equired
Suite, Apt. #, etc.			Suite, Apt. #, etc.				6.	Election Campaign Financing		\$5.00	
22		27	27					Trust Fund Contribution		Added t	
City & State		City & State					7.	Is this nonprofit corporation a hom	-		on?
23]		28					∐ Yes ∐ No				
Zip	Country	Zip	<u> </u>		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
24	25 9. Name and Address of Curre	29 29 Agent	30					Name and Address of New Regis			
W. C				81	Nam				· · · · · · · · · · · · · · · · · · ·	- 	
PERRY	ROB ERTA			82	Ctros	t Addrso	0 /0	O. Box Number is Not Acceptable			
1109 S. CASS STREET					31100	I Addies	s (r.	.O. Box Multiber is Not Acceptable	,		
	FL 32720			83							
				84	City					85 Zip	Code
					•				<u>FL</u>	.	
office or reagent. Lar	to the provisions of Sections 617.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 617.1508, Florida le of Florida. Such changi gations of, Section 617.0	a Statutes, tr e was autho 503, Florida	ne above prized by Statutes	a-name / the co s.	a corpor orporation	n's b	n submits this statement for the pur locard of directors. I hereby accept	pose of the app	ointment as	registered
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Rep		nt signati	ire required			DATE		
12.		ND DIRECTORS		13.		_	A	ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR Change	RS IN 12
TITLE	STD OCNUS POCNIC	☐ DEL		1.1 TITLE						Change	L AUGILION
NAME	SENN, IRENE 3221 SOUTH LAKE DRIVE		1	1.2 NAME 1.3 STREET	ADDOCCO	,					
STREET ADDRESS	MILWAUKEE WI		1	1.4 City-S		'					
CITY-ST-ZIP TITLE	VD	☐ DEL		2.1 TITLE	il-Eir	+		······································		Change	☐ Addition
NAME	GROSS, ADELA			2.2 NAME							
STREET ADDRESS	609 THIRD ST SE			2.3 STREET	ADDRESS	s					
CITY-ST-ZIP	LITTLE FALLS MN			2.4 CITY-5	ST - ZIP						
TITLE	PD	DEL	ETE	3.1 TITLE						Change	Addition Addition
NAME	BRAUN, KOLYA	14 4600		3.2 NAME							
STREET ADDRESS	475 RIVERSIDE DRIVE ROO	M 1502		3.3 STREET		3					
CITY-ST-ZIP TITLE	NEW YORK NY	□ ŌĒL		3.4. CITY-5 4.1 TITLE	51-ZIP	+				Change	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-S							
TITLE	PPD	DEL.		5.1 TITLE						Change	Addition
NAME	RHOADES, BENTON		j	5.2 NAME							
STREET ADDRESS	732 MAYFLOWER RD.			5.3 STREET	ADDRESS	3					
CITY-ST-ZIP	CLAREMONT CA	1 - L.		5.4 CITY-S	ST-ZIP	<u> </u>				☐ Change	Addition
TITLE		☐ DEL		6.1 TITLE						☐ Criange	
NAME			1	6.2 NAME	. ADDOCCO	,					
STREET ADDRESS				6.3 STREET	AUUKES	`					

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.

Jun U/20/00 3/2/829-143

FILED

May 20 1998 8:00am

Secretary of State

CR2E037 (10/97)