

FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90090 039 ****61.25

0081583

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P06184

1. Corporation Name

NATIONAL FARM WORKER MINISTRY, INC.

Principal Place of Business

1337 WEST OHIO
 CHICAGO IL 60622

Mailing Address

1337 WEST OHIO
 CHICAGO IL 60622



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/28/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 95-2692880

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME STD
 SENN, IRENE
 STREET ADDRESS 3221 SOUTH LAKE DRIVE
 CITY-ST-ZIP MILWAUKEE WI

1.1 TITLE Change Addition
 PD
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME VD
 GROSS, ADELA
 STREET ADDRESS 609 THIRD ST SE
 CITY-ST-ZIP LITTLE FALLS MN

2.1 TITLE Change Addition
 STD
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME PD
 BRAUN, KOLYA
 STREET ADDRESS 475 RIVERSIDE DRIVE ROOM 1502
 CITY-ST-ZIP NEW YORK NY

3.1 TITLE Change Addition
 PPD
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME D
 GIORDANO, JEANNE
 STREET ADDRESS 626 SEAWARD ROAD
 CITY-ST-ZIP CORONA DEL MAR CA

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME PPD
 RHOADES, BENTON
 STREET ADDRESS 732 MAYFLOWER RD.
 CITY-ST-ZIP CLAREMONT CA

5.1 TITLE Change Addition
 D
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 VD
 COOK, GARY
 6.2 NAME 100 WITHERSPOON ST RM 3202
 6.3 STREET ADDRESS LOUISVILLE KY 40202-1396
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Mary Anne Haren
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARY ANNE HAREN, ADMINISTRATOR

4/30/99

312/829-6436
 Date Daytime Phone #

CR2E037 (11/98)