

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06184

1. Entity Name

NATIONAL FARM WORKER MINISTRY, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90019 016 ****61.25

Principal Place of Business

Mailing Address

1337 WEST OHIO
 CHICAGO IL 60622

1337 WEST OHIO
 CHICAGO IL 60622-6430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

438 N. SKINKER BLVD

3. Mailing Address

438 N. SKINKER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. LOUIS MO

City & State

ST LOUIS MO

4. FEI Number

95-2692880

Applied For

Not Applicable

Zip

Country

63130

Zip

Country

63130

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SENN, IRENE	
STREET ADDRESS	3221 SOUTH LAKE DRIVE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GROSS, ADELA	
STREET ADDRESS	609 THIRD ST SE	
CITY-ST-ZIP	LITTLE FALLS MN	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	BRAUN, KOLYA	
STREET ADDRESS	475 RIVERSIDE DRIVE ROOM 1502	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHOADES, BENTON	
STREET ADDRESS	732 MAYFLOWER RD.	
CITY-ST-ZIP	CLAREMONT CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, GARY	
STREET ADDRESS	100 WITHERSPOON ST RM 3202	
CITY-ST-ZIP	LOUISVILLE KY. 40202-1396	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE SENN 4-24-00 414-744-1160
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)