

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0095811

DOCUMENT # P06184

1. Entity Name

NATIONAL FARM WORKER MINISTRY, INC.

04-03-2001 90095 032 ****61.25

Principal Place of Business

Mailing Address

438 N SKINNER BLVD
 SAINT LOUIS MO 63130

438 N SKINNER BLVD
 SAINT LOUIS MO 63130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2692880

Applied For

Not Applicable

Zip

Country

Zip

Country

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 Roberta Perry

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

(NOTE: Registered Agent signature required when reinstating)

3/28/01
 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** Delete
 NAME **SENN, IRENE**
 STREET ADDRESS **3221 SOUTH LAKE DRIVE**
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE **DR. SAM TRICKEY PD** Change Addition
 NAME **DR. SAM TRICKEY PD**
 STREET ADDRESS **723 NW 19th ST**
 CITY-ST-ZIP **GAINESVILLE FL 32603-1102**

TITLE **STD** Delete
 NAME **GROSS, ADELA**
 STREET ADDRESS **609 THIRD ST SE**
 CITY-ST-ZIP **LITTLE FALLS MN**

TITLE **SD** Change Addition
 NAME **GROSS, ADELA**
 STREET ADDRESS **116 8th AVE. SE**
 CITY-ST-ZIP **LITTLE FALLS MN 56345**

TITLE **PPD** Delete
 NAME **BRAUN, KOLYA**
 STREET ADDRESS **475 RIVERSIDE DRIVE ROOM 1502**
 CITY-ST-ZIP **NEW YORK NY**

TITLE **TD** Change Addition
 NAME **BR. MARK SCHRÖDER**
 STREET ADDRESS **7507 SE YAMHILL RD**
 CITY-ST-ZIP **PORTLAND OR 97215**

TITLE **D** Delete
 NAME **RHOADES, BENTON**
 STREET ADDRESS **732 MAYFLOWER RD.**
 CITY-ST-ZIP **CLAREMONT CA 91711 - Re note prep**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **COOK, GARY**
 STREET ADDRESS **100 WITHERSPOON ST RM 3202**
 CITY-ST-ZIP **LOUISVILLE KY 40202-1396**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Change Addition
 NAME **MS OLGA SIERRA SANDMAN**
 STREET ADDRESS **2 S. 7th THERESA Ct.**
 CITY-ST-ZIP **DAKARBOR IL 60523-1042**

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: Adela Gross
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 (320)632-2981
 Date Daytime Phone #

CR2E037 (10/00)