

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90027 049 ****61.25

DOCUMENT # P06184

1. Entity Name

NATIONAL FARM WORKER MINISTRY, INC.

Principal Place of Business

**438 N SKINNER BLVD
 SAINT LOUIS MO 63130**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

95-2692880

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	TRICKEY, SAM DR	
STREET ADDRESS	723 NW 19TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32603-1102	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GROSS, ADELA	
STREET ADDRESS	116 8TH AVE SE	
CITY-ST-ZIP	LITTLE FALLS MN 56345	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHROEDER, MARK	
STREET ADDRESS	7507 SE YAMHILL RD	
CITY-ST-ZIP	PORTLAND OR 97215	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHOADES, BENTON	
STREET ADDRESS	732 MAYFLOWER RD.	
CITY-ST-ZIP	CLAREMONT CA 91711	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, GARY	
STREET ADDRESS	100 WITHERSPOON ST RM 3202	
CITY-ST-ZIP	LOUISVILLE KY 40202-1396	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDMAN, OLGHA SIERRA	
STREET ADDRESS	2 S 761 THERESA CR	
CITY-ST-ZIP	OAKBROOK IL 60523-1042	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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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: Adela Gross, osf
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (320) 632-2981
 Date Daytime Phone #

CR2E037 (9/01)