

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2004  
Secretary of State**

DOCUMENT# P06184

Entity Name: NATIONAL FARM WORKER MINISTRY, INC.

**Current Principal Place of Business:**

438 N SKINKER BLVD  
SAINT LOUIS, MO 63130

**New Principal Place of Business:**

**Current Mailing Address:**

438 N SKINKER BLVD  
SAINT LOUIS, MO 63130

**New Mailing Address:**

FEI Number: 95-2692880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TRICKEY, SAM DR  
Address: 723 NW 19TH ST  
City-St-Zip: GAINESVILLE, FL 326031102

Title: SD ( ) Delete  
Name: CASSANI, GENEVIEVE SSND  
Address: 320 E. RIPA AVE.  
City-St-Zip: ST. LOUIS, MO 63125

Title: TD ( ) Delete  
Name: SCHROEDER, MARK  
Address: 7507 SE YAMHILL RD  
City-St-Zip: PORTLAND, OR 97215

Title: VD (X) Delete  
Name: COOK, GARY  
Address: 100 WITHERSPOON ST RM 3202  
City-St-Zip: LOUISVILLE, KY 402021396

Title: VD ( ) Delete  
Name: SANDMAN, OLGHA SIERRA  
Address: 2 S 761 THERESA CR  
City-St-Zip: OAKBROOK, IL 605231042

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SR. GENEVIEVE CASSANI, SSND

SD

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date