

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06184

FILED
Aug 26, 2005
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHROEDER, MARK
Address: 4050 MISSION AVE.
City-St-Zip: OCEANSIDE, CA 92057

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

Title: VD (X) Change () Addition
Name: PAPERT PREISS, JOAN
Address: 2722 MCDOWELL ROAD
City-St-Zip: DURHAM, NC 27705

Title: VD (X) Change () Addition
Name: RASELL, EDITH
Address: 700 PROSPECT AVE.
City-St-Zip: CLEVELAND, OH 44115

Title: TD () Change (X) Addition
Name: DUTCHER, MARY
Address: 183 DEL MEDIO #314
City-St-Zip: MOUNTAIN VIEW, CA 94040

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: ROBERTA PERRY

Electronic Signature of Signing Officer or Director

R.A.

08/26/2005

_____ Date