

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06184

FILED
May 02, 2006
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: SCHROEDER, MARK
Address: 4050 MISSION AVE.
City-St-Zip: OCEANSIDE, CA 92057

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

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

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

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

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

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:

Title: VD () Change (X) Addition
Name: SANDMAN, OLGHA S
Address: 2 S. 761 THERESA CT
City-St-Zip: OAK BROOK, IL 60523 10

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARY DUTCHER

TD

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date