

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06184

FILED
Mar 24, 2009
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 ()

Name and Address of Current Registered Agent:

PERRY, ROBERTA
112 W. NEW YORK AVE. STE 207
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: TRICKEY, SAM DR.
Address: 723 NW 19TH ST.
City-St-Zip: TAMPA, FL 33603

Title: VD () Delete
Name: SANDMAN, OLGHA S
Address: 2 S. 761 THERESA CT.
City-St-Zip: OAKBROOK, IL 60523

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARZA, FELIX
Address: 1221 CROWN AVE.
City-St-Zip: LOUISVILLE, KY 40204

Title: SD (X) Change () Addition
Name: TRICKEY, SAM DR.
Address: 723 NW 19TH ST.
City-St-Zip: GAINESVILLE, FL 32603

Title: VD (X) Change () Addition
Name: TAYLOR, JULIE
Address: 7611 MAPLE AVE. #311
City-St-Zip: TAKOMA PARK, MD 20912

Title: TD (X) Change () Addition
Name: RASELL, EDITH
Address: 1825 CORNING AVE.
City-St-Zip: CLEVELAND, OH 44109

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

I hereby certify that the information supplied with this filing does not qualify 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: EDIE RASELL

Electronic Signature of Signing Officer or Director

TD

03/24/2009

Date