

**2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 09, 2012  
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  
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: ROBERTA PERRY

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARZA, FELIX  
Address: 1221 CROWN AVE.  
City-St-Zip: LOUISVILLE, KY 40204

Title: SD  
Name: HILL, JOHN  
Address: 100 MARYLAND AVE - NE  
City-St-Zip: WASHINGTON, DC 20002

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

Title: TD  
Name: RASELL, EDITH  
Address: 1825 CORNING AVE.  
City-St-Zip: CLEVELAND, OH 44109

I hereby 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 all other like empowered.

SIGNATURE: ROBERTA PERRY

RA

10/09/2012

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

\_\_\_\_\_  
Date