

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743056

**Entity Name:** FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY, INC.

**FILED**  
**Jan 14, 2019**  
**Secretary of State**  
**8993464545CC**

**Current Principal Place of Business:**

1123 CRESTWOOD BOULEVARD  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1123 CRESTWOOD BOULEVARD  
LAKE WORTH, FL 33460 US

**FEI Number: 59-1830267**

**Certificate of Status Desired: Yes**

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

PALACIO, SERGIO MED  
1123 CRESTWOOD BOULEVARD  
LAKE WORTH, FL 33460 US

*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

**Officer/Director Detail :**

Title P  
Name LUCE, DEAN  
Address 437 S. COUNTRY CLUB DRIVE  
City-State-Zip: ATLANTIS FL 33462

Title VP  
Name MOLINA, JEANETTE  
Address 740 EAST OCEAN AVENUE, #309  
City-State-Zip: BOYNTON BEACH FL 33435

Title BD  
Name SMITH, BERNARD M  
Address 625 ATLANTIS ESTATES WAY  
City-State-Zip: ATLANTIS FL 33462

Title SEC  
Name ZAVALA, GAYLE  
Address 12219 SANNENWOOD LANE  
City-State-Zip: WELLINGTON FL 33414

Title BD  
Name ASENCIO, FREDDY  
Address 10484 POLO LAKE DRIVE  
APT 206  
City-State-Zip: WELLINGTON FL 33414

Title EXECUTIVE DIRECTOR  
Name PALACIO, SERGIO M  
Address 1123 CRESTWOOD BLVD  
City-State-Zip: LAKE WORTH FL 33460

Title BD  
Name DICKINSON, ILSA  
Address 7292 ST. ANDREW'S ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title BD  
Name SALVADOR-HARBECK, ALEIDA  
Address 240 GRAY STREET  
City-State-Zip: WEST PALM BEACH FL 33405

**Continues on page 2**

*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: SERGIO M. PALACIO

EXECUTIVE  
DIRECTOR/REGISTERED  
AGENT

01/14/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           DAVID, CHARLES  
Address        6390 SAGEWOOD WAY  
City-State-Zip: DELRAY BEACH FL 33484

Title           BD  
Name           CONTRERAS, ELENA  
Address        320 N. LAKE DR.  
City-State-Zip: LANTANA FL 33462

Title           BD  
Name           NAVARRO, CARLOS  
Address        1125 RCA CENTER DRIVE  
                  100  
City-State-Zip: PALM BEACH GARDENS FL 33410