Name	ZAVALA, GAYLE	Name	LUCE, DEAN C.
Address	12219 SANNERWOOD LN.	Address	437 S. COUNTRY CLUB DRIVE
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	ATLANTIS FL 33462
Title	SECRETARY	Title	BD
Name	LERNER, DIANNE	Name	ASENCIO, FREDDY
Address	3323 SOUTH FLAGLER DR.	Address	1723 POLO LAKE DRIVE EAST
City-State-Zip:	WEST PALM BEACH FL 33405	City-State-Zip:	WELLINGTON FL 33414
Title	EXECUTIVE DIRECTOR	Title	BD
Name	NEGRON, DENISE	Name	GAROD, LYNN
Address	1123 CRESTWOOD BLVD	Address	21186 HAMLIN DR.
City-State-Zip:	LAKE WORTH FL 33460	City-State-Zip:	BOCA RATON FL 33433
Title	BOARD TREASURER	Title	BD
Name	DAVID, CHARLES	Name	MOLINA, JEANETTE
Address	6390 SAGEWOOD WAY	Address	740 EAST OCEAN AVENUE #309
City-State-Zip:	DELRAY BEACH FL 33484	City-State-Zip:	BOYNTON BEACH FL 33435
		Continues on page 2	

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

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

# **Current Principal Place of Business:**

1123 CRESTWOOD BOULEVARD LAKE WORTH, FL 33460

**DOCUMENT# 743056** 

REPORT

# **Current Mailing Address:**

1123 CRESTWOOD BOULEVARD LAKE WORTH, FL 33460 US

## FEI Number: 59-1830267

### Name and Address of Current Registered Agent:

NEGRON, DENISE 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: DENISE NEGRON Electronic Signature of Registered Agent **Officer/Director Detail :** BOARD PRESIDENT Title Title BOARD VICE PRESIDENT

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: DENISE NEGRON

Electronic Signature of Signing Officer/Director Detail

10/12/2022 EXECUTIVE DIRECTOR

10/12/2022

Date

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

Title	BD
Name	ARMAYOR, MILA
Address	4332 GOLFERS CIRCLE EAST
City-State-Zip:	PALM BEACH GARDENS FL 33410