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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

743056 DOCUMENT #

FARMWORKER COORDINATING COUNCIL OF PALM BEACH CO UNTY, INC.

Mailing Address Principal Place of Business RT 1 BOX 1139 RT 1 BOX 1139 BOYNTON BCH FL 33437-4703 **BOYNTON BCH FL 33437-4703** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1978 01/24/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-1830267 Not Applicable 26 21 \$8,75 Additional Suite, Ant. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 Country Country Zιρ 30 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) RUBEN, CHAVEZ 82 19397 DELAWARE CIR. 83 **BOCA RATON FL 33434** Zip Code 85 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. DATE (NOTE: Registered Agent signature regioned when romstating) Signalure, typed or printed name of registered agent and title if appreciation ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Vice President Change K Addition 1 1 TULE TISLE Jeanette Molina 1.2 NAME HASTINGS, BERNARD NAME 71157 102 Place South 5542 MIRROR LAKE BLVD. 1.3 STREET ADDRESS STREET ADDRESS Boynton Beach, Fl 33437 BOYNTON BCH. FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 2 1 TITLE TITLE PEIRCE, HOLLY 2.2 NAME Jerez Jackson NAME 8650 S.W. 67TH AVE., APT. 1030 2.3 STREET ADDRESS 472 "B" Highpoint Drive STREET ADDRESS Delray Beach, Fl 33445 MIAMI FL 2 4 CITY - ST-ZIP City - ST - ZIP Addition DELETE 3 1 TITLE TIFLE DIDONE, FATHER MATTHEW 3.2 NAME NAME 9500 W. ATLANTIC AVE 3.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 3.4 City - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME SCOTT, CONNIE NAME 4.3 STREET ADORESS 1915 NW 10TH ST STREET ADDRESS DELRAY BCH. FL. 4 4 CITY - ST - ZIP CITY-ST 2IF Add-tion DELETE 5.1 TITLE TITLE SCHELL, GREG 52 NAME NAME 406 SE AVE E SUITE 102 5.3 STREET ADDRESS STHEET ADDRESS BELLE GLADE FL 5 4 CITY - ST - ZIP CHTY - ST - ZIP Change Addit on DELETE 61 TITLE TITLE CHAVEZ, RUBEN 62 NAME NAME 19397 DELAWARE CIR. 6.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 6.4 CITY - \$1 - ZIP CITY - SE-7/P

14. Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 ont with an address. changed, or on an attach

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

(12/95)CR2E037