


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 753265 1. Entity Name FARMWORKER MINISTRY, INC.	
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Principal Place of Business 318 BRIDGERS AVE W AUBURNDALE FL 33823 US	Mailing Address P.O. BOX 1855 AUBURNDALE FL 33823 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2041344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCGIVNEY, PEARL *R.*
318 W BRIDGERS AVE
P.O. BOX 1855
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD DURAN, ROGELIO <input type="checkbox"/> Delete
NAME	722 LINDSEY PLACE
STREET ADDRESS	LAKE WALES FL 33853
CITY-ST-ZIP	
TITLE	VD LEON, ELISA <input type="checkbox"/> Delete
NAME	220 24TH CT NW
STREET ADDRESS	WINTER HAVEN FL 33880
CITY-ST-ZIP	
TITLE	TD RIVERA, NICOLAS <input type="checkbox"/> Delete
NAME	116 7TH ST S
STREET ADDRESS	HAINES CITY FL 33884
CITY-ST-ZIP	
TITLE	SD ZAPATA, ALICIA <input type="checkbox"/> Delete
NAME	318 W. BRIDGERS AVE.
STREET ADDRESS	AUBURNDALE FL 33823
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000256979
CITY-ST-ZIP	03/09/05-80035-024 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alicia Zapata **Alicia Zapata** 3-3-05 863 967-9523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #