

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753265

FILED
Apr 28, 2008
Secretary of State

Entity Name: FARMWORKER MINISTRY, INC.

Current Principal Place of Business:

318 BRIDGERS AVE W
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1855
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-2041344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGIVNEY, PEARL S
318 W BRIDGERS AVE
P.O. BOX 1855
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

MCGIVNEY, PEARL S
318 W BRIDGERS AVE
AUBURNDALE, FL 33823 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

04/28/2008

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DURAN, ROGELIO
Address: 722 LINDSEY PLACE
City-St-Zip: LAKE WALES, FL 33853

Title: VD () Delete
Name: LEON, ELISA
Address: 220 24TH CT NW
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD () Delete
Name: RIVERA, NICOLAS
Address: 116 7TH ST S
City-St-Zip: HAINES CITY, FL 33884

Title: SD () Delete
Name: ZAPATA, ALICIA
Address: 318 W. BRIDGERS AVE.
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALICIA ZAPATA

Electronic Signature of Signing Officer or Director

SD

04/28/2008

Date