

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764029

FILED
Sep 04, 2007
Secretary of State

Entity Name: FARMWORKERS SELF-HELP, INC.

Current Principal Place of Business:

37240 LOCK STREET
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

37240 LOCK STREET
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-2382744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROMO, MARGARITA
37240 LOCK ST.
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROSALES, FRANCISCO
Address: P. O. BOX 444 N/A
City-St-Zip: SAN ANTONIO, FL

Title: D () Delete
Name: MENDIOLA, DIONICIA,
Address: 724 DOUGLAS CIRCLE
City-St-Zip: DADE CITY, FL

Title: D () Delete
Name: MONTOYA, FELIPA,
Address: 37324 ROSE AVE.
City-St-Zip: DADE CITY, FL

Title: S (X) Delete
Name: MEDRANO, ADELA
Address: 1108 N. 17TH ST.
City-St-Zip: DADE CITY, FL

Title: D (X) Delete
Name: MONTOYA, FORTINO
Address: 37324 ROSE AVE
City-St-Zip: DADE CITY, FL

Title: VP (X) Delete
Name: CAPETILLO, MARIA ANTONIO
Address: 15033 HARDEE AVE
City-St-Zip: DADE CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROSALES, FRANCISCO
Address: P. O. BOX 444 N/A
City-St-Zip: SAN ANTONIO, FL 33576

Title: S (X) Change () Addition
Name: MEDRANO, ADELA
Address: 1108 N. 17TH ST.
City-St-Zip: DADE CITY, FL 33523

Title: VP (X) Change () Addition
Name: CAPETILLO, MARIA ANTONIO
Address: 15033 HARDEE AVE
City-St-Zip: DADE CITY, FL 33523

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: MARGARITA ROMO

AGEN

09/04/2007

Electronic Signature of Signing Officer or Director

Date