2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006597

FILED Sep 01, 2008 Secretary of State

Entity Name: THE JULIANA MATEO FOUNDATION FOR DISABLED FARMWORKERS, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 3157 GOLDENROD STREET 15126 SEAROBBIN DR. SARASOTA, FL 34239 BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 3157 GOLDENROD STREET 15126 SEAROBBIN DR SARASOTA, FL 34239 BRADENTON, FL 34202 FEI Number: 26-0756338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: ELDRED, PHILIP ELDRED, PHILIP 3157 GOLDENROD STREET 15126 SEAROBBIN DR. US SARASOTA, FL 34239 BRADENTON, FL 34202 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: 09/01/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CERRILLO, ADRIANA Name: Name: Address: 1309 3RD STREET CIRCLE E Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: () Delete Title: (X) Change () Addition ELDRED, PHILIP Name: Name: ELDRED, PHILIP Address: 3157 GOLDENROD STREET Address: 15126 SEAROBBIN DR. City-St-Zip: SARASOTA, FL 34239 City-St-Zip: BRADENTON, FL 34202 Title: () Delete Title: () Change () Addition LUNDOCK, JASON Name: Name: 3217 SE 25TH AVENUE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOORE, ANTHONY III Name: MOORE, ANTHONY III Name: 3157 GOLDENROD STREET 15126 SEAROBBIN DR. Address: Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: BRADENTON, FL 34202

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: PHILIP ELDRED V 09/01/2008