

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000012233

FILED
Apr 09, 2010
Secretary of State

Entity Name: ASSOCIATION TO LINK ADVOCACY AND SUPPORT SERVICES TO FARMWORKERS, INC

Current Principal Place of Business:

8402 LAUREL FAIR CIRCLE
SUITE 212
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1206
MANGO, FL 33550

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRISHAM, LINDA J
9901 RIVER DRIVE
GIBSONTOWN, FL 33534 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
Name: GARZA, MARIA C
Address: 101 NE 19 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: SEC
Name: OSBORNE, LINDA
Address: 255 ASHLEY LAKE DRIVE
City-St-Zip: MELROSE, FL 32666

Title: TRES
Name: GRISHAM, LINDA J
Address: 9901 RIVER DRIVE
City-St-Zip: GIBSONTOWN, FL 33534

Title: DIR
Name: ROBLES, LUCIA
Address: 100 GEM LAKE DRIVE
City-St-Zip: CRESENT CITY, FL 32112

Title: DIR
Name: CHRISTIANSON, DIANE
Address: 27180 RICHVIEW CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DIR
Name: CABAN-TELLEZ, SHIRLEY
Address: 19005 SUN LAKE BOULEVARD
City-St-Zip: LUTZ, FL 33558

I hereby 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 all other like empowered.

SIGNATURE: MARIA C GARZA

P

04/09/2010

Electronic Signature of Signing Officer or Director

Date