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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13214** (4)

1. Corporation Name

NATIONAL FARM LABOR CONTRACTORS ASSOCIATION, INC



Principal Place of Business	Mailing Address
C/O DORRY A. BRAGG 255 S ORANGE AVE., STE 1301 ORLANDO FL 32801	C/O DORRY A. BRAGG 255 S ORANGE AVE., STE 1301 ORLANDO FL 32801

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	01/28/1986
4. FEI Number	77-0101695
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
BRAGG, DORRY A. 255 S ORANGE AVE., STE 1301 ORLANDO FL 32801	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	SINCLAIR, GUINN
STREET ADDRESS	5580 COLUMBIA DR., N.
CITY-ST-ZIP	FRESNO CA 93727
TITLE	D <input type="checkbox"/> DELETE
NAME	FUNNELL, BOB
STREET ADDRESS	2660 W. SHAW #101
CITY-ST-ZIP	FRESNO CA
TITLE	D <input type="checkbox"/> DELETE
NAME	FUNNELL, MARGARET S
STREET ADDRESS	2660 W. SHAW, #101
CITY-ST-ZIP	FRESNO CA 93711
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10092 N. Ponderosa Drive
2.4 CITY-ST-ZIP	Fresno, CA 93720
3.1 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10092 N. Ponderosa Drive
3.4 CITY-ST-ZIP	Fresno, CA 93720
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lorraine Miller
4.3 STREET ADDRESS	2660 West Shaw Avenue, Suite 101
4.4 CITY-ST-ZIP	Fresno, CA 93711
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Steve Martin
5.3 STREET ADDRESS	2660 West Shaw Avenue, Suite 101
5.4 CITY-ST-ZIP	Fresno, CA 93711
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DIRECTOR 1/12/98

CR2E037 (10/97)