

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90103 003 ****61.25

DOCUMENT # N13214

1. Corporation Name

NATIONAL FARM LABOR CONTRACTORS ASSOCIATION, INC

Principal Place of Business

C/O DORRY A. BRAGG
255 S ORANGE AVE., STE 1301
ORLANDO FL 32801

Mailing Address

C/O DORRY A. BRAGG
255 S ORANGE AVE., STE 1301
ORLANDO FL 32801

502891 - 90103 - 3



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/29/1986

4. FEI Number

77-0101695

Applied For:

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Miller Williams

82 Street Address (P.O. Box Number is Not Acceptable)

255 S. Orange Ave #1301

83

84 City

Orlando

FL

85 Zip Code
32801

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

Miller Williams

(NOTE: Registered Agent signature required when reinstating)

1/24/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP
SINCLAIR, GUINN
STREET ADDRESS
5580 COLUMBIA DR., N.
CITY-ST-ZIP
FRESNO CA 93727

TITLE ☐ DELETE

NAME
DV
FUNNELL, BOB
STREET ADDRESS
10092 N PONDEROSA DR
CITY-ST-ZIP
FRESNO CA 93720

TITLE ☐ DELETE

NAME
DST
FUNNELL, MARGARET S
STREET ADDRESS
10092 N PONDEROSA DR
CITY-ST-ZIP
FRESNO CA 93720

TITLE ☒ DELETE

NAME
D
MILLER, LORRAINE
STREET ADDRESS
2660 W SHAW AVE STE 101
CITY-ST-ZIP
FRESNO CA 93711

TITLE ☒ DELETE

NAME
D
MARTIN, STEVE
STREET ADDRESS
2660 W SHAW AVE STE 101
CITY-ST-ZIP
FRESNO CA 93711

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Miller Williams* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/99

Daytime Phone #

559-434-6719

CR2E037 (11/98)