

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N35526

1. Entity Name
FARMWORKER'S CHILDREN'S COUNCIL, INC.



Principal Place of Business
**130 ISLAND DR.
OCEAN RIDGE, FL 33435**

Mailing Address
**130 ISLAND DR.
OCEAN RIDGE, FL 33435**

DO NOT WRITE IN THIS SPACE

01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0169221

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORAY, DONNA MARIE
130 ISLAND DR.
OCEAN RIDGE, FL 33435**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GORAY, DONNA MARIE**
STREET ADDRESS **130 ISLAND DR.**
CITY- ST- ZIP **OCEAN RIDGE, FL**

TITLE **D**
NAME **CASSADY, WILLIAM**
STREET ADDRESS **10 E. CAMINO REAL**
CITY- ST- ZIP **BOCA RATON, FL**

TITLE **D**
NAME **DAHLM, LOIS**
STREET ADDRESS **5711 CAMEO DR. N.**
CITY- ST- ZIP **BOCA RATON, FL**

TITLE **D**
NAME **DUER, CAROL**
STREET ADDRESS **3501 SW BIMINI CIRCLE N**
CITY- ST- ZIP **PALM CITY, FL 34990**

TITLE **D**
NAME **TORRES, ENRIQUE**
STREET ADDRESS **6821 SOUTH GRANDE DR**
CITY- ST- ZIP **BOCA RATON, FL 33433**

TITLE **D**
NAME **KEY, WILLIAM**
STREET ADDRESS **699 NW 16TH AVE**
CITY- ST- ZIP **BOCA RATON, FL 33486**

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01/31/07-00002-002 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Odaytime Phone #

1-22-07 561-732-9779