2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N35526

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

Current Principal Place of Business:

130 ISLAND DR.
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

130 ISLAND DR.
OCEAN RIDGE, FL 33435

New Mailing Address:

130 ISLAND DR
OCEAN RIDGE,, FL 33435

FEI Number: 65-0169221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORAY, DONNA MARIE
130 ISLAND DR.
OCEAN RIDGE, FL 33435 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:	D	( ) Delete
Name:	GORAY, DONNA MARIE,	
Address:	130 ISLAND DR.	
City-St-Zip:	OCEAN RIDGE, FL	
Title:	D	( ) Delete
Name:	NORTON, CAROL	
Address:	21506 JUEGO CIRCLE	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	( ) Delete
Name:	DAHM, LOIS,	
Address:	5711 CAMEO DR. N.	
City-St-Zip:	BOCA RATON, FL	
Title:	D	( ) Delete
Name:	DUER, CAROL	
Address:	3501 SW BIMINI CIRCLE N	
City-St-Zip:	PALM CITY, FL 34990	
Title:	D	( ) Delete
Name:	TORRES, ENRIQUE	
Address:	6821 SOUTH GRANDE DR	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	( ) Delete
Name:	KEY, WILLIAM	
Address:	699 NW 16TH AVE	
City-St-Zip:	BOCA RATON, FL 33486	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DONNA MARIE GORAY P 01/19/2009

Electronic Signature of Signing Officer or Director — Date