

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

0052064

DOCUMENT # N93000003511

1. Entity Name

FARMWORKERS' HOUSING COALITION OF SOUTH PALM BEA

04-04-2001 90007 016 ****61.25

Principal Place of Business

Mailing Address

21689 TOLEDO RD
 BOCA RATON FL 33433

21689 TOLEDO RD
 BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0448720

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DAILEY, HELEN O.P.
390 SEQUOIA DRIVE SOUTH
WEST PALM BEACH FL 33409

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
V
DIDONE, REV MATTHEW C
 STREET ADDRESS **9000 W ATLANTIC BLVD**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D
RODRIGUEZ, INCARNACIO
 STREET ADDRESS **19593 115TH AVE SO**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D
DAILEY, HELEN O.P.
 STREET ADDRESS **390 SEQUOIA DRIVE SOUTH**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D
MOFFETT, JEAN
 STREET ADDRESS **7482 CHAMPAGNE PL**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

561-750-8650

Date

Daytime Phone #

CR2E037 (10/00)