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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P24147 (1)

1. Corporation Name
FARM LABOR RESEARCH PROJECT, INC.

Principal Place of Business	Mailing Address
507 S. ST. CLAIR SR. P. O. BOX 550 TOLEDO OH 43697-0550	507 S. ST. CLAIR SR. P. O. BOX 550 TOLEDO OH 43697-0550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1989
3a. Date of Last Report: 03/02/1994
4. FEI Number: 34-1329126 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CUEVAS, FERNANDO
326 EAST MAPLE STREET
WINTER GARDEN FL 34787

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	VELASQUEZ, BALDEMAR	1.2 NAME	
STREET ADDRESS	3352 PLAINVIEW	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BARGER, KENNETH	2.2 NAME	
STREET ADDRESS	6143 RIVERVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46208	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	RIOS, SARA	3.2 NAME	
STREET ADDRESS	400 ARGYLE RD APT LA-S	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	REZA, ERNESTO	4.2 NAME	
STREET ADDRESS	5159 N MOUNTAIN VIEW AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN BERNADINO CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, ANTERO	5.2 NAME	
STREET ADDRESS	PO BOX 1976 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FERNER, MIKE	6.2 NAME	
STREET ADDRESS	2975 113TH	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Baldemar Velasquez — Baldemar Velasquez — 3/10/95 — (419) 243-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074333