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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24148** (9)

1. Corporation Name

FARM LABOR ORGANIZING COMMITTEE, INC.

Principal Place of Business

Mailing Address

**507 SOUTH ST. CLAIR
TOLEDO OH 43602-8849**

**507 SOUTH ST. CLAIR
TOLEDO OH 43602-1849**



3. Date Incorporated or Qualified
05/03/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1221 Broadway
Suite, Apt. #, etc.

26 1221 Broadway
Suite, Apt. #, etc.

4. FEI Number
34-1044086

Applied For
Not Applicable

22 Toledo OH
City & State

27 Toledo OH
City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 43609 Lucas
Zip Country

28 43609 Lucas
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUEVAS, FERNANDO
326 EAST MAPLE STREET
WINTER GARDEN FL 34787**

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 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 617.0603, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **VELASQUEZ, BALDEMAR**
STREET ADDRESS **3352 PLAINVIEW**
CITY-ST-ZIP **TOLEDO OH**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **ST** ☐ DELETE
NAME **VELASQUEZ, RICKY**
STREET ADDRESS **10817 RD 3**
CITY-ST-ZIP **OTTAWA OH**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **CUEVAS, FERNANDO**
STREET ADDRESS **326 E. MAPLE ST.**
CITY-ST-ZIP **WINTER GARDEN FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CUEVAS, JR FERNANDO**
STREET ADDRESS **328 E MAPLE ST**
CITY-ST-ZIP **WINTER GARDEN FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROMERO, BERNA**
STREET ADDRESS **2271 PARKWOOD**
CITY-ST-ZIP **TOLEDO OH**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RIZO, JUAN**
STREET ADDRESS **342 E PLANT ST**
CITY-ST-ZIP **WINTER GARDEN FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)