


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90180 049 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P24148 | | | | | |
| 1. Corporation Name FARM LABOR ORGANIZING COMMITTEE, INC. | | | | | |
| Principal Place of Business 1221 BROADWAY TOLEDO OH 43609 US | | | Mailing Address 1221 BROADWAY TOLEDO OH 43609 US | | |



| | | | | | |
|---|--|---------------------|---|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/03/1989 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 34-1044086 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 | | 29 | | 30 | |
| 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 | | |
| | | | 85 Zip Code | | |
| | | | FL | | |

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 617.0503, 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 <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VELASQUEZ, BALDEMAR | 1.2 NAME | MARIA GARCIA |
| STREET ADDRESS | 3352 PLAINVIEW | 1.3 STREET ADDRESS | 1572 LA POSADA |
| CITY-ST-ZIP | TOLEDO OH | 1.4 CITY-ST-ZIP | BROWNSVILLE, TX 78521 |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VELASQUEZ, RICKY | 2.2 NAME | CATALINA RODRIGUEZ |
| STREET ADDRESS | 10817 RD 3 | 2.3 STREET ADDRESS | 258 DEL VALLE STREET |
| CITY-ST-ZIP | OTTAWA OH | 2.4 CITY-ST-ZIP | SAN BENITO, TX 78586 |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUEVAS, FERNANDO | 3.2 NAME | |
| STREET ADDRESS | 326 E. MAPLE ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUEVAS, JR FERNANDO | 4.2 NAME | |
| STREET ADDRESS | 326 E MAPLE ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROMERO, BERNA | 5.2 NAME | |
| STREET ADDRESS | 2271 PARKWOOD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TOLEDO OH | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIZO, JUAN | 6.2 NAME | |
| STREET ADDRESS | 342 E PLANT ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER GARDEN FL | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE

Bill Velasquez **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

Date

(419) 243-3456

Daytime Phone #

CR2E037 (11/98)