FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:12

DOCUMENT # 755578 (2)

1. Corporation Name
COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, I NCORPORATED

Principal Place of Business	Mailing Address
20 S. KROME AVE. HOMESTEAD FL 33030	20 S. KROME AVE. HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1980
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2149950 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 305 S. FLAGLER AVE	2a. Mailing Address (26): 305 S. FLAGLER AVE
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): HOMESTEAD, FL	City & State (28): HOMESTEAD, FL
Zip (24): 33030 Country (25): U S A	Zip (29): 33030 Country (30): U S A

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOPEZ, ARTURO 20 SOUTH KROME AVE HOMESTEAD FL 33030	81 Name: LOPEZ, ARTURO 82 Street Address (P.O. Box Number is Not Acceptable): 305 S. FLAGLER AVE. 83 84 City: HOMESTEAD FL 85 Zip Code: 33030

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	D	1.1 TITLE	D	☐ Change ☐ Addition
NAME	THOMPSON, ROBERT	1.2 NAME	THOMPSON, ROBERT	
STREET ADDRESS	9975 MARLIN RD.	1.3 STREET ADDRESS	9975 MARLIN RD	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	2.1 TITLE	D	☐ Change ☐ Addition
NAME	MCDANIELS, BERNADETTE	2.2 NAME	ADAME, MARIA	
STREET ADDRESS	401 COLORADO AVE.	2.3 STREET ADDRESS	260 12TH ST. S.E.	
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	NAPLES, FL 33964	
TITLE	TD	3.1 TITLE	TD	☐ Change ☐ Addition
NAME	PRO, FERNANDO	3.2 NAME	PRO FERNANDO	
STREET ADDRESS	203 S.W. 105 AVE.	3.3 STREET ADDRESS	20310 S.W. 106TH AVE	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33189	
TITLE	VPD	4.1 TITLE	VPD	☐ Change ☐ Addition
NAME	NAREZO, PEDRO	4.2 NAME	NAREZO, PEDRO	
STREET ADDRESS	2012 CAPITAL CENTER CIRCLE SE	4.3 STREET ADDRESS	2012 CAPITAL CENTER CIRCLE SE	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32399-2159	
TITLE	CD	5.1 TITLE	CD	☐ Change ☐ Addition
NAME	SOLIZ, CAROL	5.2 NAME	SOLIZ, CAROL	
STREET ADDRESS	220 SOUTH COMMERCE AVENUE	5.3 STREET ADDRESS	220 SOUTH COMMERCE AVE.	
CITY-ST-ZIP	SEBRING FL 33870	5.4 CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	SD	6.1 TITLE	SD	☐ Change ☐ Addition
NAME	LAMBRY, CHARLES	6.2 NAME	LAMBRY, CHARLES	
STREET ADDRESS	175 N. GREENSTAR AVE.	6.3 STREET ADDRESS	175 N. GREENSTAR AVE.	
CITY-ST-ZIP	PAHOKEE FL	6.4 CITY-ST-ZIP	PAHOKEE FL 33476	

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: _____ 01-24-95 (305) 246-0357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006704