

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 755578 (2)  
1. Corporation Name

COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED



Principal Place of Business: 305 S. FLAGLER AVENUE, HOMESTEAD FL 33030, US  
Mailing Address: 305 S. FLAGLER AVENUE, HOMESTEAD FL 33030, US

3. Date Incorporated or Qualified: 12/17/1980  
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business: 21 [Blank], 22 Suite, Apt. #, etc. [Blank], 23 City & State [Blank], 24 Zip [Blank], 25 Country [Blank]  
2a. Mailing Address: 26 P.O. BOX 900836, 27 N/A, 28 HOMESTEAD, FLORIDA, 29 33090-0368, 30 USA

4. FEI Number: 59-2149950  
Applied For: [Blank], Not Applicable: [Blank]  
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [Blank] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, ARTURO  
305 S. FLAGLER AVENUE  
HOMESTEAD FL 33030

81 Name [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable) [Blank]  
83 [Blank]  
84 City [Blank] 85 Zip Code FL [Blank]

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	D THOMPSON, ROBERT [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	9975 MARLIN RD.	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ADAME, MARIA [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	260 12 STREET, SE	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD PRO, FERNANDO [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	20310 SW 106TH AVENUE	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD NAREZO, PEDRO [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	2012 CAPITAL CENTER CIRCLE SE	4.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CD SOLIZ, CAROL [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	220 SOUTH COMMERCE AVENUE	5.2 NAME	
STREET ADDRESS	SEBRING FL 33870	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD LAMBRY, CHARLES [ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	175 N. GREENSTAR AVE.	6.2 NAME	
STREET ADDRESS	PAHOKEE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTURO LOPEZ-EXECUTIVE DIRECTOR

2/7/96

Date

Daytime Phone #

CR2E037 (12/95)