

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

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|---|---|
| Principal Place of Business 305 S. FLAGLER AVENUE HOMESTEAD FL 33030 US | Mailing Address P O BOX 900368 HOMESTEAD FL 33080-0368 US |
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|---|--|
| 3. Date Incorporated or Qualified 12/17/1980 | |
| 4. FEI Number 59-2149950 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
LOPEZ, ARTURO
305 S. FLAGLER AVENUE
HOMESTEAD FL 33030


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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 9975 MARLIN RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAME, MARIA | 2.2 NAME | V C |
| STREET ADDRESS | 260 12 STREET, SE | 2.3 STREET ADDRESS | ADAME, MARIA |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | 614 S 5TH STREET |
| TITLE | TD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRO, FERNANDO | 3.2 NAME | |
| STREET ADDRESS | 20310 SW 106TH AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAREZO, PEDRO | 4.2 NAME | C |
| STREET ADDRESS | 2012 CAPITAL CENTER CIRCLE SE | 4.3 STREET ADDRESS | NAREZO, PEDRO |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | 2012 CAPITAL CENTER CIRCLE SE |
| TITLE | CD <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SERRATA, ESMERALDA | 5.2 NAME | S D |
| STREET ADDRESS | 1800 FARMWOKER WAY | 5.3 STREET ADDRESS | SERRATA, ESMERALDA |
| CITY-ST-ZIP | IMMOKALEE FL | 5.4 CITY-ST-ZIP | 1800 FARMWORKER WAY |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OROPEZA, ROBERTO | 6.2 NAME | |
| STREET ADDRESS | 220 E MAIN ST | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WACHULA 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 checked, or on an attachment with an address.

SIGNATURE:  **ARTURO LOPEZ - EXECUTIVE DIRECTOR** 02/24/98 (905) 246-0357

CF2E037 (10/97)