


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90104 012 \*\*\*\*70.00

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>   |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # 755578</b><br>7. Corporation Name<br><b>COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED</b> |   |   |
| Principal Place of Business<br>305 S. FLAGLER AVENUE<br>HOMESTEAD FL 33030<br>US                                      | Mailing Address<br>P O BOX 900368<br>HOMESTEAD FL 33090-0368<br>US                |   |



|                                |                     |  |
|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified                                  |
| 21                             | 26                  | 12/17/1980   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number  |
| 22                             | 27                  | 59-2149950   |
| City & State                   | City & State        | 5. Certificate of Status Desired                                   |
| 23                             | 28                  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip                            | Country             | 6. Election Campaign Financing                                     |
| 24                             | 25                  | <input type="checkbox"/> \$5.00 May Be Added to Fees               |
|                                | 29                  | Trust Fund Contribution  |
|                                | 30                  |  |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent              | 10. Name and Address of New Registered Agent  |
| LOPEZ, ARTURO<br>305 S. FLAGLER AVENUE<br>HOMESTEAD FL 33030 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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 \_\_\_\_\_ 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 <input type="checkbox"/> DELETE             | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       | THOMPSON, ROBERT                              | 1.2 NAME  | Eva Gomez  |
| STREET ADDRESS             | 9975 MARLIN RD.                               | 1.3 STREET ADDRESS                                    | P.O. Box 1000  |
| CITY-ST-ZIP                | MIAMI FL                                      | 1.4 CITY-ST-ZIP                                       | Quincy, FL 32353   |
| TITLE                      | VC <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | ADAME, MARIA                                  | 2.2 NAME  | Tere Jimenez   |
| STREET ADDRESS             | 614 S 5TH STREET                              | 2.3 STREET ADDRESS                                    | P.O. Box 901394  |
| CITY-ST-ZIP                | IMMOKALEE FL 34142                            | 2.4 CITY-ST-ZIP                                       | Homestead, FL 33090  |
| 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                      | C <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | NAREZO, PEDRO                                 | 4.2 NAME  |  |
| STREET ADDRESS             | 2012 CAPITAL CENTER CIRCLE SE                 | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | TALLAHASSEE FL 32399                          | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE            | 5.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SERRATA, ESMERALDA                            | 5.2 NAME  | Serrata, Esmeralda   |
| STREET ADDRESS             | 1800 FARMWOKER WAY                            | 5.3 STREET ADDRESS                                    | 1800 Farmworker Way  |
| CITY-ST-ZIP                | IMMOKALEE FL 34142                            | 5.4 CITY-ST-ZIP                                       | Immokalee, FL 34142  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 6.1 TITLE   | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OROPEZA, ROBERTO                              | 6.2 NAME  | Oropeza, Roberto   |
| STREET ADDRESS             | 220 E MAIN ST                                 | 6.3 STREET ADDRESS                                    | 3427 Enterprise Avenue   |
| CITY-ST-ZIP                | WACHULA FL                                    | 6.4 CITY-ST-ZIP                                       | Naples, FL 34104   |

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 secretary 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 in an attachment with an address, with all other like empowered.

SIGNATURE: ARTURO LOPEZ EXECUTIVE DIRECTOR Date: 01/25/99 Daytime Phone #: (305) 246-0357

Fernando Pro FERNANDO PRO - TREASURER DIRECTOR Date: 04/12/99 Daytime Phone #: (305) 238-0837

CR2E037 (1/98)