

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755578

FILED
Mar 12, 2004
Secretary of State**Entity Name:** COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED**Current Principal Place of Business:**778 W PALM DR
FLORIDA CITY, FL 33034 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 344010
FLORIDA CITY, FL 33034 US**New Mailing Address:****FEI Number:** 59-2149950**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**LOPEZ, ARTURO
778 W PALM DR
FLORIDA CITY, FL 33034 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** S () Delete
Name: THOMPSON, ROBERT
Address: 9975 MARLIN RD.
City-St-Zip: MIAMI, FL 33157 US**Title:** D () Delete
Name: SANCHEZ, SUSANA
Address: 1308 SOUTH PLUM STREET
City-St-Zip: IMMOKALEE, FL 34142 US**Title:** T () Delete
Name: PRO, FERNANDO,
Address: 20310 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33189 US**Title:** C () Delete
Name: NAREZO, PEDRO
Address: 3747 SHAMROCK ST WEST
City-St-Zip: TALLAHASSEE, FL 32309 US**Title:** VC () Delete
Name: SERRATA, ESMERALDA
Address: 1800 FARMWOKER WAY
City-St-Zip: IMMOKALEE, FL 34142 US**Title:** D () Delete
Name: NAVA, LUPITA
Address: 2105 W. IMMOKALEE DR
City-St-Zip: IMMOKALEE, FL 34142 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB THOMPSON

S

03/12/2004

Electronic Signature of Signing Officer or Director

Date