


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 013 ****70.00

DOCUMENT # 755578

1. Entity Name
COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED



Principal Place of Business
**778 W PALM DR
 FLORIDA CITY, FL 33034 US**

Mailing Address
**P O BOX 344010
 FLORIDA CITY, FL 33034 US**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

06192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2149950 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOPEZ, ARTURO
 778 W PALM DR
 FLORIDA CITY, FL 33034**

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, ROBERT MR. 9975 MARLIN RD. MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Thompson, Robert Mr. 9975 Marlin Road Miami, FL 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRO, FERNANDO MR. 20310 SW 106TH AVENUE MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Sandi 233 West Ave. A, Suite C Belle Glade, FL 33430 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NAREZO, PEDRO MR. 3747 SHAMROCK ST WEST TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William, Sinclair 511 14th Street NE Naples, Florida 34120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ESTRADA, LUPITA N MS. 2105 W. IMMOKALEE DR IMMOKALEE, FL 34142 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Laughlin, Frank 110 North F Street Lake Worth, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGER, VICTOR MR. 4050 COASTAL HIGHWAY ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Larger, Victor Mr. 4050 Coastal Highway St. Augustine, Florida 23084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, ANA MS 750 SOUTH FIFTH STREET IMMOKALEE, FL 34142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **6/19/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40169936
ATTACHMENT
755578

COFFO BOARD OF DIRECTORS

CHAIR PERSON

ROBERT THOMPSON
9975 MARLIN ROAD
MIAMI, FL 33157
PH: 305-252-1894
rtomp44@bellsouth.net

VICE CHAIR

PEDRO NAREZO III, MONITOR ADVOCATE
3747 SHAMROCK STREET WEST
TALLAHASSEE, FL 32309
PH: 850-921-3207
FX: 850-245-7427
pedro.narezo@awi.state.fl.us

TREASURER

FERNANDO PRO, JR.
23319 Club Villas Drive
Lando O Lakes, FL 34639
PH: 813-532-1706
Cell: 407-992-9051

SECRETARY

VICTOR LARGER
4050 COASTAL HIGHWAY
ST. AUGUSTINE, FLORIDA 23084
PH: 305-401-4225
vnlarger@bellsouth.net

DIRECTORS

Sandi Davis
233 West Avenue A, Suite C
Belle Glade, Florida 33430
PH: 561-996-6888
FX: 561-996-6869
sandidavis@first-care.org

ANA SALAZAR
750 South Fifth Street
Immokalee, FL 34142
PH: 239-658-3318
Cell: 239-821-7273
ana_salazar@earthlink.net

Sinclair Williams
511 14 Street NE
Naples, Florida 34120
PH: 239-348-2511
Cell: 239-249-9970
Swill35173@aol.com

Fr. Frank O,Laughlin
110 North F Street
Lake Worth, FL 33460
PO Box 43195
South Miami, FL 33243
PH: 561-523-0840
frankogmc@yahoo.com