

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

**305 S. FLAGLER AVENUE
HOMESTEAD FL 33030
US****P.O. BOX 90036
HOMESTEAD FL 33090-0836
US**3. Date Incorporated or Qualified
12/17/19803a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26 P.O. BOX 900368**4. FEI Number
59-2149950Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip

28 **HOMESTEAD, FLORIDA**6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Country

29 **33090-0368** 30 **U.S.A**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ 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

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.

ARTURO LOPEZ-EXECUTIVE DIRECTOR**01/22/97**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, ROBERT	
STREET ADDRESS	9975 MARLIN RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAME, MARIA	
STREET ADDRESS	260 12 STREET, SE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PRO, FERNANDO	
STREET ADDRESS	20310 SW 106TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NAREZO, PEDRO	
STREET ADDRESS	2012 CAPITAL CENTER CIRCLE SE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SOLIZ, CAROL	
STREET ADDRESS	220 SOUTH COMMERCE AVENUE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LAMBRY, CHARLES	
STREET ADDRESS	175 N. GREENSTAR AVE.	
CITY-ST-ZIP	PAHOKEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMPSON, ROBERT	
1.3 STREET ADDRESS	28300 S.W. 152 AVE.	
1.4 CITY-ST-ZIP	MIAMI, FL 33033	
2.1 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADAME, MARIA C.	
2.3 STREET ADDRESS	614 S. 5TH STREET	
2.4 CITY-ST-ZIP	IMMOKALEE, FL 34142	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NAREZO, PEDRO	
4.3 STREET ADDRESS	2012 CAPITAL CENTER CIRCLE SE	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32399-2159	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SERRATA, ESMERALDA	
5.3 STREET ADDRESS	1800 FARMWORKER WAY	
5.4 CITY-ST-ZIP	IMMOKALEE, FL 34142	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	OROPEZA, ROBERTO	
6.3 STREET ADDRESS	220 E. MAIN STREET	
6.4 CITY-ST-ZIP	WACHULA, FL 33873	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026341

ARTURO LOPEZ-EXECUTIVE DIRECTOR 01/22/97 (305) 246-0357

CR2E037 (9/96)