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FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755578** (2)
1. Corporation Name
COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED

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
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ 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.

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 type="checkbox"/> DELETE
NAME	SERRATA, ESMERALDA	
STREET ADDRESS	1800 FARMWORKER WAY	
CITY-ST-ZIP	IMMOKALEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OROPEZA, ROBERTO	
STREET ADDRESS	220 E MAIN ST	
CITY-ST-ZIP	WACHULA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V C
2.3 STREET ADDRESS	ADAME, MARIA
2.4 CITY-ST-ZIP	614 S 5TH STREET 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C
4.3 STREET ADDRESS	NAREZO, PEDRO
4.4 CITY-ST-ZIP	2012 CAPITAL CENTER CIRCLE SE TALLAHASSEE, FL 32399

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S D
5.3 STREET ADDRESS	SERRATA, ESMERALDA
5.4 CITY-ST-ZIP	1800 FARMWORKER WAY IMMOKALEE, FL 34142

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 (5) 246-0357

CFR2E037 (10/97)