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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755578

1. Corporation Name
COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, I NCORPORATED

Principal Place of Business	Mailing Address
305 S. FLAGLER AVENUE HOMESTEAD FL 33030 US	P O BOX 900368 HOMESTEAD FL 33090-0368 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualified: 12/17/1980
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2149950 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOPEZ, ARTURO
305 S. FLAGLER AVENUE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

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 _____ 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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ 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	☒ DELETE	2.1 TITLE	D	☐ Change ☒ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE	D	☒ Change ☐ 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	☐ DELETE	6.1 TITLE	S	☒ Change ☐ 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	

CR2E037 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTURO LOPEZ V.P. EXECUTIVE DIRECTOR — 01/25/99 — (305)246-0357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

Fernando Pro
FERNANDO PRO - TREASURER DIRECTOR — 04/12/99 — (305)238-0837