

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755578

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC5753535668**

**Entity Name:** COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED

**Current Principal Place of Business:**

778 W PALM DR  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

P O BOX 344010  
FLORIDA CITY, FL 33034 US

**FEI Number: 59-2149950**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LOPEZ, ARTURO  
C/O COFFO, INC.  
778 W PALM DR  
FLORIDA CITY, FL 33034 US

*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

**Officer/Director Detail :**

Title C  
Name THOMPSON, ROBERT MR.  
Address 9975 MARLIN RD.  
City-State-Zip: MIAMI FL 33157

Title T  
Name LARGER, VICTOR MR.  
Address 4050 COASTAL HIGHWAY  
City-State-Zip: ST. AUGUSTINE FL 23084

Title VC  
Name NAREZO, PEDRO MR.  
Address 4824 HEATHE DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title S  
Name WILLIAMS, SINCLAIRE MR.  
Address 511 14 STREET NE  
City-State-Zip: NAPLES FL 34120

Title D  
Name MONDELUS, PRESSA MR  
Address 225 NE 8TH STREET  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name CORONADO, BEATRIZ  
Address 19280 SW 378 STREET  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name DORSINVIL, JOSEPH F  
Address 135 SOUTH REDLAND ROAD  
102  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name O'LOUGHLIN, FRANK  
Address 110 NORTH F STREET  
City-State-Zip: LAKE WORTH FL 33460

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT THOMPSON**

**CHAIRMAN**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FIGOUROA, IRENE  
Address P O BOX 344010  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name CAMPOS, AMANDA  
Address P O BOX 344010  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name GARZA, MARIA  
Address 116 DIXIE AVENUE WEST  
City-State-Zip: IMMOKALEE FL 34142