

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755578

**FILED**  
**Jan 12, 2024**  
**Secretary of State**  
**3336041387CC**

**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 CHAIRMAN  
Name WILLIAMS, SINCLAIRE  
Address 511 14 STREET NE  
City-State-Zip: NAPLES FL 34120

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

Title VC  
Name LARGER, VICTOR  
Address P O BOX 344010  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name ARMAS, SUSIE  
Address 778 W PALM DR  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name DOMINQUEZ, SHIRLEY  
Address 778 W PALM DR  
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR  
Name CONTRERAS, ROLANDO  
Address 19645 SW 264TH STREET  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR  
Name MONDELUS, PRESSA M  
Address 430 SW 6TH AVENUE  
City-State-Zip: FLORIDA CITY FL 33034

*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: SINCLAIRE WILLIAMS**

**BOARD CHAIR**

**01/12/2024**

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

\_\_\_\_\_  
Date