

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755578

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	T
Name	FIGUEROA, IRENE
Address	420 SE 4TH AVEUNE
City-State-Zip:	SOUTH BAY FL 33493

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

Title	VC
Name	WILLIAMS, SINCLAIRE MR.
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	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

Title	DIRECTOR
Name	LARGER, VICTOR
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

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: PEDRO NAREZO, III**CHAIRMAN****01/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date