

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755578

**FILED**  
**Jan 30, 2018**  
**Secretary of State**  
**CC6834111025**

**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	Title	CHAIRMAN
Name	FIGUEROA, IRENE	Name	NAREZO, III, PEDRO MR.
Address	420 SE 4TH AVEUNE	Address	4824 HEATHE DRIVE
City-State-Zip:	SOUTH BAY FL 33493	City-State-Zip:	TALLAHASSEE FL 32309
Title	VC	Title	SECRETARY
Name	WILLIAMS, SINCLAIRE MR.	Name	CORONADO, BEATRIZ
Address	511 14 STREET NE	Address	19280 SW 378 STREET
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	FLORIDA CITY FL 33034
Title	DIRECTOR	Title	DIRECTOR
Name	DORSINVIL, JOSEPH F	Name	O'LOUGHLIN, FRANK
Address	135 SOUTH REDLAND ROAD 102	Address	110 NORTH F STREET
City-State-Zip:	FLORIDA CITY FL 33034	City-State-Zip:	LAKE WORTH FL 33460
Title	DIRECTOR	Title	DIRECTOR
Name	LARGER, VICTOR	Name	CAMPOS, AMANDA
Address	P O BOX 344010	Address	P O BOX 344010
City-State-Zip:	FLORIDA CITY FL 33034	City-State-Zip:	FLORIDA CITY FL 33034

**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: PEDRO NAREZO, III**

**BOARD CHAIRMAN**

**01/30/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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