

2015 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 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

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

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