

2024 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	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