

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755578 (2)

1. Corporation Name

COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED

Principal Place of Business

Mailing Address

305 S. FLAGLER AVENUE  
HOMESTEAD FL 33030  
US

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HOMESTEAD FL 33030  
US



3. Date Incorporated or Qualified  
12/17/1980

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. BOX 900836

22 City & State

27 N/A  
28 HOMESTEAD, FLORIDA

23 Zip Country

29 33090-0368 USA

4. FEI Number  
59-2149950

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, ARTURO  
305 S. FLAGLER AVENUE  
HOMESTEAD FL 33030

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME THOMPSON, ROBERT  
STREET ADDRESS 9975 MARLIN RD.  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME ADAME, MARIA  
STREET ADDRESS 260 12 STREET, SE  
CITY-ST-ZIP NAPLES FL

TITLE TD ☐ DELETE  
NAME PRO, FERNANDO  
STREET ADDRESS 20310 SW 106TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE VPD ☐ DELETE  
NAME NAREZO, PEDRO  
STREET ADDRESS 2012 CAPITAL CENTER CIRCLE SE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE CD ☐ DELETE  
NAME SOLIZ, CAROL  
STREET ADDRESS 220 SOUTH COMMERCE AVENUE  
CITY-ST-ZIP SEBRING FL 33870

TITLE SD ☐ DELETE  
NAME LAMBRY, CHARLES  
STREET ADDRESS 175 N. GREENSTAR AVE.  
CITY-ST-ZIP PAHOKEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ARTURO LOPEZ-EXECUTIVE DIRECTOR

2/7/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)