

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2006
Secretary of State**

DOCUMENT# 755578

Entity Name: COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED

Current Principal Place of Business:

778 W PALM DR
FLORIDA CITY, FL 33034 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 344010
FLORIDA CITY, FL 33034 US

New Mailing Address:

FEI Number: 59-2149950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, ARTURO
778 W PALM DR
FLORIDA CITY, FL 33034 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: THOMPSON, ROBERT
Address: 9975 MARLIN RD.
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: MARTIN, JOANES
Address: 735 ORANGE AVENUE
City-St-Zip: FT. PIERCE, FL 34950 US

Title: T () Delete
Name: PRO, FERNANDO,
Address: 20310 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: P () Delete
Name: NAREZO, PEDRO
Address: 3747 SHAMROCK ST WEST
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: C (X) Delete
Name: SERRATA, ESMERALDA
Address: 1800 FARMWOKER WAY
City-St-Zip: IMMOKALEE, FL 34142 US

Title: D (X) Delete
Name: NAVA, LUPITA
Address: 2105 W. IMMOKALEE DR
City-St-Zip: IMMOKALEE, FL 34142 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PRO, FERNANDO
Address: 20310 SW 106TH AVENUE
City-St-Zip: MIAMI, FL 33189 US

Title: P (X) Change () Addition
Name: NAREZO, PEDRO
Address: 3747 SHAMROCK ST WEST
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D (X) Change () Addition
Name: NAVA, LUPITA
Address: 2105 W. IMMOKALEE DR
City-St-Zip: IMMOKALEE, FL 34142 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARTURO LOPEZ

ED

02/21/2006

Electronic Signature of Signing Officer or Director

Date