


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 013 ****70.00

DOCUMENT # 755578 1. Entity Name COALITION OF FLORIDA FARMWORKER ORGANIZATIONS, INCORPORATED					
Principal Place of Business 778 W PALM DR FLORIDA CITY, FL 33034 US			Mailing Address P O BOX 344010 FLORIDA CITY, FL 33034 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2149950	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, ARTURO 778 W PALM DR FLORIDA CITY, FL 33034				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, ROBERT MR. 9975 MARLIN RD. MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRO, FERNANDO MR. 20310 SW 106TH AVENUE MIAMI, FL 33189	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NAREZO, PEDRO MR. 3747 SHAMROCK ST WEST TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ESTRADA, LUPITA N MS. 2105 W. IMMOKALEE DR IMMOKALEE, FL 34142	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGER, VICTOR MR. 4050 COASTAL HIGHWAY ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, ANA MS 750 SOUTH FIFTH STREET IMMOKALEE, FL 34142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Thompson, Robert Mr. 9975 Marlin Road Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Davis, Sandi 233 West Ave. A, Suite C Belle Glade, FL 33430	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William, Sinclair 511 14th Street NE Naples, Florida 34120	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Laughlin, Frank 110 North F Street Lake Worth, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Larger, Victor Mr. 4050 Coastal Highway St. Augustine, Florida 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____ 6/19/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

4016936
ATTACHMENT
755578

COFFO BOARD OF DIRECTORS

CHAIR PERSON

ROBERT THOMPSON
9975 MARLIN ROAD
MIAMI, FL 33157
PH: 305-252-1894
rtomp44@bellsouth.net

VICE CHAIR

PEDRO NAREZO III, MONITOR ADVOCATE
3747 SHAMROCK STREET WEST
TALLAHASSEE, FL 32309
PH: 850-921-3207
FX: 850-245-7427
pedro.narezo@awi.state.fl.us

TREASURER

FERNANDO PRO, JR.
23319 Club Villas Drive
Lando O Lakes, FL 34639
PH: 813-532-1706
Cell: 407-992-9051

SECRETARY

VICTOR LARGER
4050 COASTAL HIGHWAY
ST. AUGUSTINE, FLORIDA 23084
PH: 305-401-4225
vnlarger@bellsouth.net

DIRECTORS

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ANA SALAZAR
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Sinclair Williams
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