

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755578

FILED
Jan 14, 2009
Secretary of State

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

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

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

Title: D () Delete
Name: DAVIS, SANDI
Address: 233 WEST AVE A STE C
City-St-Zip: BELLE GLADE, FL 33430 US

Title: D () Delete
Name: LARGER, VICTOR MR.
Address: 4050 COASTAL HIGHWAY
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: D () Delete
Name: SALAZAR, ANA MS
Address: 750 SOUTH FIFTH STREET
City-St-Zip: IMMOKALEE, FL 34142 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date