

FILE NOW: FILING FEE IS \$61.25

FILED

May 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N96000000404 (1)**

1. Corporation Name

**THE COALITION OF IMMOKALEE WORKERS, INC.**

Principal Place of Business

Mailing Address

101 HENDRY ST.  
LABELLE FL 33935

101 HENDRY ST.  
LABELLE FL 33935-5210



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>215 F WEST MAIN ST.</b>		26 <b>P.O. BOX 603</b>		01/19/1996		N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 <b>IMMOKALEE, FL</b>		28 <b>IMMOKALEE, FL</b>		650641010		Not Applicable	
24 <b>34142</b>		25 <b>USA</b>		29 <b>34143</b>		30 <b>USA</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ASBED, GREG</b> 101 HENDRY ST. LABELLE FL 33935				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISNARD, CADET	1.2 NAME	CONRADO SANTIZO SANCHEZ
STREET ADDRESS	553 OAK HAVEN CIRCLE, APT. 204	1.3 STREET ADDRESS	803 WEST MAIN STREET
CITY-ST-ZIP	IMMOKALEE FL 33934	1.4 CITY-ST-ZIP	IMMOKALEE, FL 3414
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, PEDRO	2.2 NAME	JUAN MORAN
STREET ADDRESS	1980 ALEXANDER CIRCLE, FARMWORKER VILLAGE	2.3 STREET ADDRESS	218 WEST MAIN ST.
CITY-ST-ZIP	IMMOKALEE FL 33934	2.4 CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVEZ, ALICIA	3.2 NAME	LUIS GUTIERREZ TORRES
STREET ADDRESS	PO BOX 603	3.3 STREET ADDRESS	803 WEST MAIN ST.
CITY-ST-ZIP	IMMOKALEE FL 33934	3.4 CITY-ST-ZIP	IMMOKALEE, FL 3414
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LAURA GERMINO
STREET ADDRESS		4.3 STREET ADDRESS	101 HENDRY ST.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LABELLE, FL 33935
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	RAMIRO BENITEZ
STREET ADDRESS		5.3 STREET ADDRESS	218 WEST MAIN STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AUGUSTO PEREZ LOPEZ
STREET ADDRESS		6.3 STREET ADDRESS	110 NORTH 3 <sup>RD</sup> STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	IMMOKALEE, FL 3414

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**JUAN MORAN** SECRETARY

8-19-97 (941) 657-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067286

CR2E037 (9/96)



---

**COALITION OF IMMOKALEE WORKERS**  
**COALICION DE TRABAJADORES DE IMMOKALEE**  
**KOWALISYON TRAVAYE NAN IMMOKALEE**

---

May 20, 1997

Dear Sirs/Madam,

Please accept our apologies for sending this in late. This is our first year for filing an annual report, and we will absolutely be better prepared the coming year.

Our board members are migrant farmworkers, and the process of bringing them together to discuss this report took longer than we planned.

Again, please excuse our lateness, and we assure you will file promptly this coming year.

Please call if you have any further questions -

Sincerely,

Greg Abed  
CIW