

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000404

FILED
Jul 05, 2007
Secretary of State

Entity Name: THE COALITION OF IMMOKALEE WORKERS, INC.

Current Principal Place of Business:

215 F WEST MAIN ST
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 603
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 65-0641010 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ASBED, GREG
101 HENDRY ST.
LABELLE, FL 33935 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: D () Delete
Name: SANTAMARIA, GREGORIA
Address: 1057 ALICE STREET
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: JACINTO, DOMINGO
Address: 312 SOUTH 7TH ST
City-St-Zip: IMMOKALEE, FL 34142

Title: PD () Delete
Name: RODRIGUEZ, MANUEL
Address: 613 MADISON AVE
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: BENITEZ, RAMIRO
Address: 220 6TH ST N
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: JEAN CLAUDE, JEAN
Address: 1530 NE 136 ST 2
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: LUPITA, VASQUEZ
Address: 225 N 2ND ST
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: GREG ASBED

RA

07/05/2007

Electronic Signature of Signing Officer or Director

Date