

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000404

FILED
Jan 07, 2010
Secretary of State

Entity Name: THE COALITION OF IMMOKALEE WORKERS, INC.

Current Principal Place of Business:

110 SOUTH 2ND 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 ()

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
Name: SANTAMARIA, GREGORIA
Address: 1057 ALICE STREET
City-St-Zip: LABELLE, FL 33935

Title: D
Name: GONZALEZ, MELODY
Address: 1107 NEW MARKET RD
City-St-Zip: IMMOKALEE, FL 34142

Title: D
Name: RODRIGUEZ, MANUEL
Address: 613 MADISON AVE
City-St-Zip: IMMOKALEE, FL 34142

Title: PD
Name: BENITEZ, RAMIRO
Address: 220 6TH ST N
City-St-Zip: IMMOKALEE, FL 34142

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

Title: SD
Name: COHORST, MEGHAN
Address: 306 N 20TH CT.
City-St-Zip: IMMOKALEE, FL 34142

I hereby 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 all other like empowered.

SIGNATURE: MEGHAN COHORST

SD

01/07/2010

Electronic Signature of Signing Officer or Director

Date