

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724397

Entity Name: CENTRO CAMPESINO-FARMWORKER CENTER, INC.

Current Principal Place of Business:

35801 S.W. 186TH AVENUE
FLORIDA CITY, FL 33034

Current Mailing Address:

P O BOX 343449
FLORIDA CITY, FL 33034 US

FEI Number: 59-1460598

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VILLACAMPA, MARIA C
35801 S.W. 186TH AVENUE
FLORIDA CITY, FL 33034 US

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: MARIA C VILLACAMPA

01/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CASTILLA, ANA
Address 35801 S.W. 186TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title VP
Name GARMAN, MELANIE
Address 35801 SW 186 AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title SECRETARY
Name DORSEY, THOMAS
Address 35801 S.W. 186TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title TREASURER
Name TEJADA, MARCO
Address 35801 SW 186 AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR
Name DUARTE, ED
Address 35801 S.W. 186TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR
Name ESCALANTE, FRANCISCO ESQ.
Address 35801 S.W. 186TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR
Name VILLARONGA, ENRIQUE
Address 35801 S.W. 186TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR
Name FARIAS, JOHNNY
Address 35801 S.W. 186TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

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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: MARIA C VILLACAMPA

**CHIEF FINANCIAL
OFFICER**

01/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARRISON, MALOU
Address 35801 S.W. 186TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR
Name PATES, CAROLYN T.
Address 35801 S.W. 186TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title CEO
Name JOHN, MARTINEZ
Address P O BOX 343449
City-State-Zip: FLORIDA CITY FL 33034

Title DIRECTOR
Name ALEGRE-MAI, GUADALUPE
Address 35801 SW 185TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034