

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724397

**FILED**  
**Jan 09, 2018**  
**Secretary of State**  
**CC0460381990**

**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:**

MARTINEZ, JOHN  
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:** JOHN MARTINEZ

01/09/2018

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            CLAYTON, KEISHA  
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

**Continues on page 2**

*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:** ANA CASTILLA

**PRESIDENT**

01/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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