

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000404

Entity Name: THE COALITION OF IMMOKALEE WORKERS, INC.**Current Principal Place of Business:**110 SOUTH 2ND ST
IMMOKALEE, FL 34142**Current Mailing Address:**P.O. BOX 603
IMMOKALEE, FL 34143 US**FEI Number: 65-0641010****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASBED, GREG
110 SOUTH 2ND STREET
IMMOKALEE, FL 34142 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	GONZALEZ, MELODY
Address	2805 W. HARVARD ST
City-State-Zip:	SANTA ANA CA 92704

Title	PRESIDENT
Name	PINA, RAMIRO
Address	PO BOX 1595
City-State-Zip:	IMMOKALEE FL 34143

Title	AUTHORIZED REPRESENTATIVE
Name	BENITEZ, LUCAS
Address	110 SOUTH 2ND ST
City-State-Zip:	IMMOKALEE FL 34142

Title	DIRECTOR
Name	JEAN, JEAN CLAUDE
Address	110 SOUTH 2ND ST
City-State-Zip:	IMMOKALEE FL 34142

Title	D
Name	RODRIGUEZ, MANUEL
Address	625 TANNER RD
City-State-Zip:	FELDA FL 33930

Title	SD
Name	COHORST, MEGHAN
Address	35-11 85TH ST #4C
City-State-Zip:	JACKSON HEIGHTS NY 11372

Title	AUTHORIZED REPRESENTATIVE
Name	PERKINS, JULIA
Address	110 SOUTH 2ND ST
City-State-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: JULIA E PERKINS**AUTHORIZED
REPRESENTATIVE****05/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date