

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000006424

FILED
Oct 05, 2009
Secretary of State

Entity Name: EQUALITY FLORIDA ACTION NETWORK, INC.

Current Principal Place of Business:

3150 5TH AVE N.
SUITE 325
ST. PETERSBURG, FL 33713

New Principal Place of Business:

2549 37TH AVENUE NORTH
ST. PETERSBURG, FL 33713

Current Mailing Address:

PO BOX 13184
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 59-3540715 **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:

SMITH, NADINE
3150 5TH AVE N.
SUITE 325
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

SMITH, NADINE
2549 37TH AVENUE NORTH
ST. PETERSBURG, FL 33713 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: NADINE SMITH

10/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, NADINE
Address: 855 14TH AVE S.
City-St-Zip: ST. PETE, FL 33701

Title: D () Delete
Name: MANDEL, AMY
Address: 4141 BAYSHORE BLVD., APT. 1203
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: PALAZO, DE
Address: 1951 NE 15TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: D () Delete
Name: PETERS, WILLIAM
Address: 6520 NE 21ST AVE
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: C () Delete
Name: RUNYAN, TOM
Address: 3102 SW 44TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: PADILLA, PAT
Address: 1925 NORTH ST.
City-St-Zip: LONGWOOD, FL 32750

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: NADINE SMITH

D

10/05/2009

Electronic Signature of Signing Officer or Director

Date