

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 14, 2007  
Secretary of State**

DOCUMENT# N06000009305

Entity Name: EQUALITY FLORIDA ACTION PAC, INC.

**Current Principal Place of Business:**

3150 5TH AVENUE NORTH  
SUITE 325  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13184  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: 20-5335568      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:**

**Name and Address of New Registered Agent:**

SMITH, NADINE  
3150 5TH AVENUE NORTH  
SUITE 325  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POLLITZER, STRATTON  
Address: 3150 5TH AVENUE NORTH, SUITE 325  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TREA ( ) Delete  
Name: TURTURRO, RICK  
Address: 3150 5TH AVENUE NORTH, SUITE 325  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: TREA (X) Change ( ) Addition  
Name: COSTA, DAVID  
Address: 3150 5TH AVENUE NORTH, SUITE 325  
City-St-Zip: ST. PETERSBURG, FL 33713

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: DAVID COSTA

TREA

09/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date