## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010131

Entity Name: THE EQUITY COUNCIL CORPORATION

**Current Principal Place of Business:** 

664 W. LYMAN AVE. WINTER PARK. FL 32792 Feb 01, 2021 Secretary of State 4549231470CC

**FILED** 

## **Current Mailing Address:**

664 W. LYMAN AVE.

WINTER PARK, FL 32792 UN

FEI Number: 83-1910319 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THOMPSON, LAWANDA 664 W. LYMAN AVE. WINTER PARK, FL 32792 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	P	Title	SECRETARY
Name	THOMPSON, LAWANDA	Name	BAKER, CHELSEA
Address	664 W. LYMAN AVE.	Address	664 W. LYMAN AVE.
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK 32792

Title T Title OFFICER

 Name
 GIBSON, FELICIA
 Name
 AL-ALEEM, SADIQ T

 Address
 664 W. LYMAN AVE.
 Address
 664 W. LYMAN AVE.

 City-State-Zip:
 WINTER PARK 32792
 City-State-Zip: WINTER PARK 32792

Title OFFICER Title OFFICER, LEAD FIELD SPECIALIST

OF EDUCATION

Name DAVIS-BOWMAN, JENNIFER Name SHEATS, ASHLEY

Address 664 W. LYMAN AVE.

City-State-Zip: WINTER PARK 32792 Address 664 W. LYMAN AVE.

City-State-Zip: WINTER PARK 32792 City-State-Zip: WINTER PARK 32792

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Title OFFICER Title OFFICER, FUNDING AND GRANT Name CHANDLER, BARBARA TITLE OFFICER, FUNDING AND GRANT RESEARCH LEAD

CHANDLER, BARBARA RESEARCH LEAD

SCA WALLYMAN LAVE Name ANDREWS, CHER

Address 664 W. LYMAN AVE.

City-State-Zip: WINTER PARK 32792

Name ANDREWS, CHERILYN

Address 664 W. LYMAN AVE.

City-State-Zip: WINTER PARK 32792

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: LAWANDA THOMPSON PRESIDENT 02/01/2021