2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N03000002797

Entity Name: EQUAL RIGHTS ALLIANCE, INC.

Current Principal Place of Business:

305 173 AVE.
ST. PETERSBURG, FL 337081332

New Principal Place of Business:

Current Mailing Address:

305 173 AVE.
ST. PETERSBURG, FL 337081332

New Mailing Address:

FEI Number: 65-1191439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, MARCIA
111 SECOND AVE. NE, STE. 810
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: OESTREICH, JEANNE M
Address: 305 173 AVENUE
City-St-Zip: ST. PETERSBURG, FL 33706

Title: D ( ) Delete
Name: HERZIG, JEAN
Address: 5301 17TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33706

Title: D ( ) Delete
Name: SETZEKORN, JAN
Address: 24862 US HIGHWAY 19 N
City-St-Zip: CLEARWATER, FL 33763

Title: D ( ) Delete
Name: DARIN, LINDA
Address: 9625 COMMODORE DRIVE
City-St-Zip: SEMINOLE, FL 33776

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA DARIN MS 04/20/2004

Electronic Signature of Signing Officer or Director — Date