

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002797

FILED  
Apr 06, 2009  
Secretary of State

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: DVT ( ) Delete  
Name: OESTREICH, CHARLES  
Address: 305 173 AVE  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: D/S ( ) Delete  
Name: OESTREICH, CHERYL  
Address: 86 ONTARIO AVE N.  
City-St-Zip: MASSAPEQUA, NY 11758

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

Title: D (X) Change ( ) Addition  
Name: OESTREICH, JEANNE M  
Address: 305 173 AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33708

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: JEANNE OESTREICH

D

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date