

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006424

1. Entity Name
EQUALITY FLORIDA ACTION NETWORK, INC.



Principal Place of Business
202 S. HOWARD AVE.
TAMPA, FL 33606

Mailing Address
1222 S. DALE MABRY, S-652
TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE



03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3540715

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, NADINE
1222 S DALE MABRY #652
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000104137

04/05/04-80085-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, NADINE
STREET ADDRESS	202 S. HOWARD AVE.
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	D
NAME	MANDEL, AMY
STREET ADDRESS	4141 BAYSHORE BLVD., APT. 1203
CITY - ST - ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04 (813) 870-3735 XT 208

Date

Daytime Phone #