

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:43

DOCUMENT # **P32259** (4)
1. Corporation Name
EQUAL RIGHTS ADVOCATES, INC.

Principal Place of Business Mailing Address
1663 MISSION ST. 1663 MISSION ST.
STE. 550 STE. 550
SAN FRANCISCO CA 94103 SAN FRANCISCO CA 94103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1990 3a. Date of Last Report 03/03/1994
4. FEI Number: 23-7217027 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SCHULMAN, RUTH & HY
5155 SABLE PALMS BLVD.
TAMARACK FL 33319

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DAVIS, NANCY L.
STREET ADDRESS	1663 MISSION ST.
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	V
NAME	KAUFMAN, GAIL
STREET ADDRESS	1663 MISSION ST.
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	ST
NAME	COURTNEY, MARY ANNE
STREET ADDRESS	1663 MISSION ST.
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	D
NAME	BRICK, ANN
STREET ADDRESS	770 ALVARDO RD.
CITY-ST-ZIP	BERKELEY CA
TITLE	D
NAME	GOODMAN, MIRIAM
STREET ADDRESS	1603 MISSION ST., STE. 550
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	D
NAME	FLIPPER, CASSANDRA
STREET ADDRESS	ONE MARITIME PLAZA
CITY-ST-ZIP	SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sudith Kurtz
1.3 STREET ADDRESS	1663 Mission Street
1.4 CITY-ST-ZIP	San Francisco, CA 94103
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NONE - Remove from list
2.3 STREET ADDRESS	Marvonne Courtney
2.4 CITY-ST-ZIP	1663 Mission Street
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	San Francisco, CA 94103
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy L. Davis Feb. 28, 1995 (4115) (21-0672)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)