

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 12/05/1990
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7217027	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULMAN, RUTH & HY
5155 SABLE PALMS BLVD.
TAMARACK FL 33319

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	DAVIS, NANCY L.	1.2 NAME	Irma D. Herrera
STREET ADDRESS	1663 MISSION ST.	1.3 STREET ADDRESS] 663 Mission Street, #550
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	San Francisco, CA 94]03
TITLE	S	2.1 TITLE	
NAME	KURTZ, JUDITH	2.2 NAME	
STREET ADDRESS	1663 MISSION ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	Treasurer
NAME	COURTNEY, MARY ANNE	3.2 NAME	Jean Crosby
STREET ADDRESS	1663 MISSION ST.	3.3 STREET ADDRESS] 663 Mission Street, #550
CITY-ST-ZIP	SAN FRANCISCO CA	3.4 CITY-ST-ZIP	San Francisco, CA 94]03
TITLE	D	4.1 TITLE	
NAME	BRICK, ANN	4.2 NAME	
STREET ADDRESS	770 ALVARDO RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BERKELEY CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Director
NAME	GOODMAN, MIRIAM	5.2 NAME	Susie Lampert
STREET ADDRESS	1663 MISSION ST., STE. 550	5.3 STREET ADDRESS] 663 Mission Street, #550
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	San Francisco, CA 94]03
TITLE	D	6.1 TITLE	
NAME	FLIPPER, CASSANDRA	6.2 NAME	
STREET ADDRESS	ONE MARITIME PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	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 119.07(3)(k), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 12, 1996

(415) 621-0672

Date

Day/110 Phone #

CR2E037 (12/95)