

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32259** (4)  
1. Corporation Name  
**EQUAL RIGHTS ADVOCATES, INC.**



Principal Place of Business <b>1663 MISSION ST. STE. 550 SAN FRANCISCO CA 94103</b>	Mailing Address <b>1663 MISSION ST. STE. 550 SAN FRANCISCO CA 94103-2631</b>
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3. Date Incorporated or Qualified <b>12/05/1990</b>	3a. Date of Last Report <b>03/19/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>23-7217027</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	<b>FL</b>
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRERA, IRMA D</b>	1.2 NAME	
STREET ADDRESS	<b>1663 MISSION ST 550</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KURTZ, JUDITH</b>	2.2 NAME	<b>S and T MORROW, SUSAN</b>
STREET ADDRESS	<b>1663 MISSION ST</b>	2.3 STREET ADDRESS	<b>828 ELLIS DRIVE</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	2.4 CITY-ST-ZIP	<b>DALY CITY, CA 94015</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROSBY, JEAN</b>	3.2 NAME	
STREET ADDRESS	<b>1663 MISSION ST 550</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRICK, ANN</b>	4.2 NAME	
STREET ADDRESS	<b>770 ALVARDO RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BERKELEY CA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMPERT, SUSIE</b>	5.2 NAME	
STREET ADDRESS	<b>1663 MISSION ST., STE. 550</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLUPPER, CASSANDRA</b>	6.2 NAME	<b>52 ELIZABETH CIRCLE</b>
STREET ADDRESS	<b>ONE MARITIME PLAZA</b>	6.3 STREET ADDRESS	<b>GREENBRAE, CA 94904</b>
CITY-ST-ZIP	<b>SAN FRANCISCO CA</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 415-624-0072  
Date Daytime Phone # 0076659

CR2E037 (9/96)