


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90003 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P32259					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7217027	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRERA, IRMA D			1.2 NAME			
STREET ADDRESS	1663 MISSION ST 550			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			1.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PFEFFER, IRVING			2.2 NAME	Deborah J. Schmall		
STREET ADDRESS	155 MONTGOMERY ST, STE 304			2.3 STREET ADDRESS	350 The Embarcadero		
CITY-ST-ZIP	SAN FRANCISCO CA 94104			2.4 CITY-ST-ZIP	San Francisco, CA 94105		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRICK, ANN			3.2 NAME	Marci Rubin		
STREET ADDRESS	770 ALVARDO RD.			3.3 STREET ADDRESS	633 Folsom Street, 7th Floor		
CITY-ST-ZIP	BERKELEY CA			3.4 CITY-ST-ZIP	San Francisco, CA 94107-3600		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LAMPERT, SUSIE			4.2 NAME	Phillip W. Bokovoy		
STREET ADDRESS	1663 MISSION ST., STE. 550			4.3 STREET ADDRESS	2601 Piedmont Ave.		
CITY-ST-ZIP	SAN FRANCISCO CA			4.4 CITY-ST-ZIP	Berkeley, CA 94704		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FLIPPER, CASSANDRA			5.2 NAME	Cindy Marano		
STREET ADDRESS	52 ELIZABETH CIR.			5.3 STREET ADDRESS	3240 Kempton Ave.		
CITY-ST-ZIP	GREENBRAE CA			5.4 CITY-ST-ZIP	Oakland, CA 94611		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	David Oppenheimer		
STREET ADDRESS				6.3 STREET ADDRESS	536 Mission Street		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	San Francisco, CA 94105		

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 9-10-99 415-621-0672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #