


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 <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: _____
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TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY - ST - ZIP: _____

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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: Amy Mandel, TREAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04 (813) 870-3735 XT 208
Date Daytime Phone #