


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

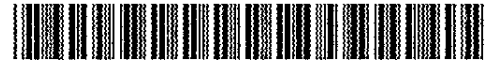
DOCUMENT # N97000003185

1. Entity Name
 EQUALITY FLORIDA HUMAN RIGHTS EDUCATION PROJECT, INC.



Principal Place of Business 1222 S DALE MABRY SUITE 652 TAMPA, FL 33629 US	Mailing Address 1222 S DALE MABRY SUITE 652 TAMPA, FL 33629 US
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03232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3435235	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
 SUITE 652
 TAMPA, FL 33629

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000104138 07/05/04 00:05:02 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NADINE 1222 S. DALE MABRY, STE 652 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDEL, AMY 1222 S. DALE MABRY, SUITE 652 TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 S. Mandel* **TREAS.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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