



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90035 036 ****61.25

DOCUMENT # N97000003185			
1. Entity Name EQUALITY FLORIDA HUMAN RIGHTS EDUCATION PROJECT, INC.			
Principal Place of Business 3150 5TH AVENUE N. SUITE 325 ST. PETERSBURG, FL 33713 US		Mailing Address POST OFFICE BOX 13184 ST. PETERSBURG, FL 33733	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 59-3435235 Applied For Not Applicable	
		05172007 Chg-NP CR2E037 (12/06) \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, NADINE 3150 5TH AVENUE N. SUITE 325 ST. PETERSBURG, FL 33713		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, NADINE	NAME	Coons - Anderson, Lisa
STREET ADDRESS	3150 5TH AVENUE S.	STREET ADDRESS	132 Kentucky Blue Cir
CITY-ST-ZIP	ST. PETERSBURG, FL 33713	CITY-ST-ZIP	AppKa, FL 30712
TITLE	C <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDEL, AMY	NAME	James Harper
STREET ADDRESS	4141 BAYSHORE BLVD., APT 1203	STREET ADDRESS	3325 Bayshore Blvd, Unit E-16
CITY-ST-ZIP	TAMPA, FL 336111807	CITY-ST-ZIP	Tampa, FL 33629
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALAZZO, DE	NAME	James Van Riper
STREET ADDRESS	1951 NE 15TH AVE	STREET ADDRESS	2024 Ted Hines Drive
CITY-ST-ZIP	FT. LAUDERDALE, FL 333053264	CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, WILLIAM	NAME	
STREET ADDRESS	6520 NE 21ST AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333081034	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNYAN, TOM	NAME	
STREET ADDRESS	3102 SW 14TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADILLA, PAT	NAME	
STREET ADDRESS	1925 NORTH STREET	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 327506184	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			