


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-01-2007 90035 037 ****61.25

DOCUMENT # N98000006424					
1. Entity Name EQUALITY FLORIDA ACTION NETWORK, INC.					
Principal Place of Business 3150 5TH AVE N. SUITE 325 ST. PETERSBURG, FL 33713		Mailing Address PO 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		05172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3540715 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SMITH, NADINE 3150 5TH AVE 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
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	855 14TH AVE S.	STREET ADDRESS	132 Kentucky Blue Cir		
CITY-ST-ZIP	ST. PETE, FL 33701	CITY-ST-ZIP	Apopka, FL 32712		
TITLE	D <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 33611	CITY-ST-ZIP	Tampa, FL 33629		
TITLE	D <input type="checkbox"/> Delete	TITLE	James Van Riper (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PALAZO, DE	NAME	2024 Ted Hines Drive		
STREET ADDRESS	1951 NE 15TH AVE	STREET ADDRESS	Tallahassee, FL 32308		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	CITY-ST-ZIP			
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 33308	CITY-ST-ZIP			
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUNYAN, TOM	NAME			
STREET ADDRESS	3102 SW 44TH 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 ST.	STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL 32750	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: <u>Madine Smith</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

QUI...

