

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 05, 2009  
Secretary of State

DOCUMENT# N98000006424

Entity Name: EQUALITY FLORIDA ACTION NETWORK, INC.

## Current Principal Place of Business:

3150 5TH AVE N.  
SUITE 325  
ST. PETERSBURG, FL 33713

## New Principal Place of Business:

2549 37TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

## Current Mailing Address:

PO BOX 13184  
ST. PETERSBURG, FL 33733

## New Mailing Address:

FEI Number: 59-3540715      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SMITH, NADINE  
3150 5TH AVE N.  
SUITE 325  
ST. PETERSBURG, FL 33713 US

## Name and Address of New Registered Agent:

SMITH, NADINE  
2549 37TH AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

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.

SIGNATURE: NADINE SMITH

10/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, NADINE  
Address: 855 14TH AVE S.  
City-St-Zip: ST. PETE, FL 33701

Title: D ( ) Delete  
Name: MANDEL, AMY  
Address: 4141 BAYSHORE BLVD., APT. 1203  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: PALAZO, DE  
Address: 1951 NE 15TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: D ( ) Delete  
Name: PETERS, WILLIAM  
Address: 6520 NE 21ST AVE  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: C ( ) Delete  
Name: RUNYAN, TOM  
Address: 3102 SW 44TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: PADILLA, PAT  
Address: 1925 NORTH ST.  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NADINE SMITH

D

10/05/2009

Electronic Signature of Signing Officer or Director

Date