

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006424

FILED  
May 01, 2011  
Secretary of State

Entity Name: EQUALITY FLORIDA, INC.

**Current Principal Place of Business:**

2549 37TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: WHITE, B. RODNEY  
Address: 6422 COLLINS AVE APT 34  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D  
Name: HOUNCHEL, CHARLIE  
Address: 911 S DAKOTA AVENUE  
City-St-Zip: TAMPA, FL 33606

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

I hereby 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 all other like empowered.

SIGNATURE: NADINE SMITH

ED

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date