

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009305

**Entity Name:** EQUALITY FLORIDA ACTION PAC, INC.

**Current Principal Place of Business:**

4497 E HERO LANE  
FLORAL CITY, FL 34436

**Current Mailing Address:**

P.O. BOX 13184  
ST. PETERSBURG, FL 33733

**FEI Number: 20-5335568**

**Certificate of Status Desired: No**

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

SMITH, NADINE  
4497 E HERO LANE  
FLORAL CITY, FL 34436 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name POLLITZER, STRATTON  
Address P.O. BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title TREA  
Name COSTA, DAVID  
Address P.O. BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title OFFICER  
Name WALKER, DON  
Address P.O. BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

*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: DAVID COSTA**

**TREASURER**

**03/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date