

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006584

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

**Current Principal Place of Business:**

4659 26TH AVE. S.  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

PO BOX 13184  
ST. PETERSBURG, FL 33733

**FEI Number: 47-1338104**

**Certificate of Status Desired: No**

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

SMITH, NADINE  
4659 26TH AVE. S.  
ST. PETERSBURG, FL 33711 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           DIRECTOR, CHAIRMAN  
Name           DELMAY, JEFF  
Address        PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title           DIRECTOR  
Name           DIAZ-HERMAN, VICTOR  
Address        PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title           CEO  
Name           SMITH, NADINE  
Address        PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title           DIRECTOR, TREASURER  
Name           HOITIS, ANASTASIA  
Address        PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title           DIRECTOR  
Name           VAN TICE, DAN  
Address        PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title           DIRECTOR  
Name           BOTTCHER, SUSAN  
Address        PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title           DIRECTOR  
Name           BRUEMMER, NATHAN  
Address        PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title           DIRECTOR  
Name           FARMER, DANA  
Address        PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

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*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**

**CEO**

**01/25/2025**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR, SECRETARY  
Name HUMPHRESS, DANIEL  
Address PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR  
Name BELL, JUSTIN  
Address PO BOX 13184  
City-State-Zip: ST PETERSBURG FL 33733

Title DIRECTOR  
Name DAVENPORT, KEITH  
Address PO BOX 13184  
City-State-Zip: ST PETERSBURG FL 33733

Title DIRECTOR  
Name MARQUEZ, BRIAN  
Address PO BOX 13184  
City-State-Zip: ST PETERSBURG FL 33733