

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006584

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC2646090785**

**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  
Name DELMAY, JEFF  
Address 1535 JACKSON STREET  
City-State-Zip: HOLLYWOOD FL 33020

Title DIRECTOR  
Name SHELIN, KEN  
Address 770 S PALM AVE  
1104  
City-State-Zip: SARASOTA FL 34236

Title TREASURER, DIRECTOR  
Name ANDERSON, MARK  
Address 199 DALI BLVD S  
PH4  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name DIAZ-HERMAN, VICTOR  
Address 500 NE 29TH ST  
1003  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR, CHAIRMAN  
Name HARRIS MAURER, JON  
Address 647 CHANCEY LN  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name FRIEDMAN, MERYL  
Address 2348 NE 20TH ST  
City-State-Zip: FORT LAUDERDALE FL 33305

Title SECRETARY, DIRECTOR  
Name SMITH-LOPEZ, DONN  
Address 3994 NW 14TH ST  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name RUDISILL, CHRISTOPHER  
Address 2124 NE 5TH AVE  
206  
City-State-Zip: WILTON MANORS FL 33305

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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**

**03/07/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BLOOM, DAVID  
Address 630 NE 55TH STREET  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name RUSSELL, TRICIA  
Address 8720 COUNTY RD 13N  
City-State-Zip: ST. AUGUSTINE FL 32092

Title DIRECTOR  
Name DOAN, PETRA  
Address 3342 NOTTINGHAM DR  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name NORSWORTHY, KATHRYN  
Address 1306 STETSON ST  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name VANTICE, DAN  
Address 4981 ORTEGA BLVD  
City-State-Zip: JACKSONVILLE FL 32210

Title CEO  
Name SMITH, NADINE  
Address 4659 26TH AVE S.  
City-State-Zip: ST. PETERSBURG FL 33711

Title DIRECTOR  
Name BOTTCHER, SUSAN  
Address 3448 NW 12TH AVE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR  
Name HOITIS, ANNIE  
Address 132 14TH AVE N  
City-State-Zip: ST PETERSBURG FL 33701

Title DIRECTOR  
Name TAYLOR, DEBREITA  
Address 6920 THOUSAND OAKS DR  
City-State-Zip: ORLANDO FL 32818