

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

DOCUMENT# N14000006584

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC8525735149**

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

Title TREASURER, DIRECTOR  
Name ANDERSON, MARK  
Address 3110 WEST AGAWAN ST  
City-State-Zip: TAMPA FL 33629

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

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

Title DIRECTOR  
Name RUDISILL, CHRIS  
Address 4825 3RD AVE NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

**Continues on page 2**

*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

**EXECUTIVE DIRECTOR**

**03/17/2017**

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

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