

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006584

FILED
Mar 17, 2016
Secretary of State
CC6055188560

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, CO-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, CO-CHAIR
Name WHITE, RODNEY B
Address 1035 ADAM ST
City-State-Zip: HOLLYWOOD FL 33019

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

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

03/17/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name STECKLER, MICHELLE
Address 619 GENIUS DR
City-State-Zip: WINTER PARK FL 32789

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