

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

DOCUMENT# N97000003185

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

**Current Principal Place of Business:**

4659 26TH AVE S  
ST. PETERSBURG, FL 33711

**Current Mailing Address:**

POST OFFICE BOX 13184  
ST. PETERSBURG, FL 33733

**FEI Number:** 59-3435235

**Certificate of Status Desired:** No

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

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

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

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

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

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

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

Title DIRECTOR  
Name FRIEDMAN, MERYL  
Address 3900 NE 18TH AVE  
39  
City-State-Zip: OAKLAND PARK FL 33334

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

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

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

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

Title DIRECTOR  
Name BOTTCHEER, 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 SHERWIN, MARJORIE  
Address 7801 BAYSHORE DR  
City-State-Zip: TREASURE ISLAND FL 33706

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