

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# N97000003185

**Jan 28, 2024**

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

**Secretary of State**

**4622399935CC**

**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        POST OFFICE BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title            DIRECTOR  
Name            DELMAY, JEFF  
Address        POST OFFICE BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

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

Title            DIRECTOR  
Name            BOTTCHEr, SUSAN  
Address        POST OFFICE BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title            DIRECTOR, CHAIRMAN  
Name            HOITIS, ANASTASIA  
Address        POST OFFICE BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

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

Title            DIRECTOR, TREASURER  
Name            PARRISH, PAULINE  
Address        POST OFFICE BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title            DIRECTOR  
Name            BERRY, SELISSE  
Address        POST OFFICE 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**

**01/28/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR, SECRETARY  
Name HUMPHRESS, DANNY  
Address POST OFFICE BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

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

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

Title DIRECTOR  
Name BRADSHAW, ANGUS  
Address POST OFFICE BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733