

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003185

FILED
Jan 23, 2014
Secretary of State
CC6947174303

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

Title C
Name MANDEL, AMY
Address 4141 BAYSHORE BLVD., APT 1203
City-State-Zip: TAMPA FL 33611-1807

Title D
Name PADILLA, PAT
Address 1925 NORTH STREET
City-State-Zip: LONGWOOD FL 32750-6184

Title D
Name WHITE, B. RODNEY
Address 6422 COLLINS AVE APT 34
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name VANRIPER, JIM
Address 2024 TED HINES DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title CHAIRMAN
Name OTT, MICHELLE
Address 2436 NW 28 PL
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name LORING, CHUCK
Address P.O.BOX 7396
City-State-Zip: FT. LAUDERDALE FL 33338

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

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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

01/23/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DEARBORN, PHILIP
Address 4400 BAYVIEW DRIVE
City-State-Zip: FT. LAUDERDALE FL 33308

Title DIRECTOR
Name EVERS KLING, EVIE
Address 116 ADMIRALS LN
City-State-Zip: KEY WEST FL 33040

Title DIRECTOR
Name DUNCAN, GINA
Address 1017 W. YALE ST.
City-State-Zip: ORLANDO FL 32804

Title TREASURER
Name MANNING, ANNE
Address 4400 BAYVIEW DRIVE
City-State-Zip: MIAMI FL 33133

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

Title DIRECTOR
Name FREIDMANN, MERYL
Address 2348 NE 20 ST.
City-State-Zip: FT LAUDERDALE FL 33305