

**2013 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 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

**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**

**03/06/2013**

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

Title DIRECTOR  
Name PEREZ, MAYDA  
Address 9315 PARK DR  
City-State-Zip: MIAMI SHORES FL 33138

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