

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 28, 2019**

**Secretary of State  
4136718536CC**

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, 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

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

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

**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**

**CEO**

**02/28/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BOTTCHER, 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 PARRISH, PAULINE  
Address 615 N OSPREY AVE  
City-State-Zip: SARASOTA FL 34236-

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