

2021 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 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, TREASURER
Name DIAZ-HERMAN, VICTOR
Address POST OFFICE BOX 13184
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR
Name SMITH-LOPEZ, DONN
Address POST OFFICE BOX 13184
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR
Name BOTTCHEER, 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
Name PARRISH, PAULINE
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

01/14/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BERRY, SELISSE
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 SIGNER, BARBARA
Address POST OFFICE BOX 13184
City-State-Zip: ST. PETERSBURG FL 33733

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