

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 07, 2018
Secretary of State
CC4961637274

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, CHAIRMAN
Name MAURER, JON HARRIS
Address 647 CHANCEY LN
City-State-Zip: TALLAHASSEE FL 32308

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

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

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

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name RUSSELL, TRICIA
Address 8720 COUNTY RD 13N
City-State-Zip: ST. AUGUSTINE FL 32092

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 TAYLOR, DEBREITA
Address 6920 THOUSAND OAKS DR
City-State-Zip: ORLANDO FL 32818

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

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