

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003185

FILED
Mar 17, 2017
Secretary of State
CC2220913256

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 SECRETARY
Name DIAZ-HERMAN, VICTOR
Address 500 NE 29TH ST APT 1003
City-State-Zip: MIAMI FL 33137

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

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

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

Title DIRECTOR
Name SMITH, DONN
Address 3994 NW 14TH ST
City-State-Zip: GAINESVILLE FL 32605

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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

EXECUTIVE DIRECTOR

03/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RUDISILL, CHRIS
Address 4825 3RS AVE. N
City-State-Zip: ST. PETERSBURG FL 33713

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

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