

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006424

FILED
Jan 17, 2018
Secretary of State
CC0035991749

Entity Name: EQUALITY FLORIDA, INC.

Current Principal Place of Business:

4659 26TH AVE S ST. PETERSBURG FL 33711
ST. PETERSBURG, FL 33711

Current Mailing Address:

PO BOX 13184
ST. PETERSBURG, FL 33733

FEI Number: 59-3540715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, NADINE
4659 26TH AVE S
ST. PETERSBURG, FL 33713 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 DIRECTOR
Name SMITH, NADINE
Address 4659 26TH AVE S
City-State-Zip: ST. PETE FL 33711

Title DIRECTOR
Name SHELIN, KEN
Address 770 S PALM AVE, APT 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, CHAIR
Name FRIEDMANN, MERYL
Address 2348 NE 20 ST.
City-State-Zip: FT LAUDERDALE FL 33305

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

Title DIRECTOR
Name RUDISILL, CHRIS
Address 1300 EAST SUNRISE BLVD
City-State-Zip: FORT LAUDERDALE FL 33304

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

Title DIRECTOR, SECRETARY
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

CEO

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name POLLITZER, STRATTON
Address 739 NE 121ST ST
City-State-Zip: NORTH MIAMI FL 33161