

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006424

**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 PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR, CHAIR  
Name FRIEDMANN, MERYL  
Address PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR  
Name BLOOM, DAVID  
Address PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

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

Title DIRECTOR, TREASURER  
Name POLLITZER, STRATTON  
Address PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

Title DIRECTOR, SECRETARY  
Name DELMAY, JEFF  
Address PO BOX 13184  
City-State-Zip: ST. PETERSBURG FL 33733

*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**

**01/06/2020**

Electronic Signature of Signing Officer/Director Detail

Date