

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2015
Secretary of State
CC5705382298**

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 4659 26TH AVE S
City-State-Zip: ST. PETE FL 33711

Title DIRECTOR
Name WHITE, B. RODNEY
Address 6422 COLLINS AVE APT 34
City-State-Zip: MIAMI BEACH FL 33141

Title CHAIRMAN
Name VANRIPER, JIM
Address 2024 TED HINES DRIVE
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR
Name LORING, CHUCK
Address P.O.BOX 7396
City-State-Zip: FT. LAUDERDALE FL 33338

Title DIRECTOR
Name OTT, MICHELE
Address 2436 NW 28 PL
City-State-Zip: GAINESVILLE FL 32605

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 3110 WEST AGAWAN ST.
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name FRIEDMANN, MERYL
Address 2348 NE 20 ST.
City-State-Zip: FT LAUDERDALE FL 33305

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: BRIAN WINFIELD

CFO

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name STECKLER, MICHELLE
Address 619 GENIUS DRIVE
City-State-Zip: WINTER PARK FL 32789

Title CFO
Name WINFIELD, BRIAN
Address 1120 E KENNEDY BLVD.
814
City-State-Zip: TAMPA FL 33602

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

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

Title DIRECTOR
Name FOOTE, MARCIA
Address 7244 BRAMBURRY CT
City-State-Zip: SARASOTA FL 34238