

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010173

Entity Name: ESTON ROBERTS COMMUNITY NETWORK INC.**Current Principal Place of Business:**923 AVE A
AVON PARK, FL 33825**Current Mailing Address:**PO BOX 903
AVON PARK, FL 33826 US**FEI Number:** 27-1151849**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, ELLA
923 AVE. A
AVON PARK, FL 33825 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 WILLIAMS, ELLA ELIZABETH
Address 923 AVE A
City-State-Zip: AVON PARK FL 33825

Title CFO, T
Name FLOOD, MONILADAE
Address 923 AVE A
City-State-Zip: AVON PARK FL 33825

Title VP
Name WILLIAMS, TENESHA
Address 923 AVE A
City-State-Zip: AVON PARK FL 33825

Title S
Name ROUSSEAU, LINDA
Address 923 AVE A
City-State-Zip: AVON PARK FL 33825

Title TR
Name JONES, RAYMOND
Address 923 AVE A
City-State-Zip: AVON PARK FL 33825

Title VC
Name JONES, LORENZO
Address 923 AVE A
City-State-Zip: AVON PARK FL 33825

Title D
Name HARELL, JAGUELYN
Address 923 AVE A
City-State-Zip: AVON PARK FL 33825

Title PS
Name ADAMS, SHAWANDA
Address 923 AVE A
City-State-Zip: AVON PARK FL 33825

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: ELLA E WILLIAMS

CEO/P

10/24/2017

Electronic Signature of Signing Officer/Director Detail_____
Date