

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011839

**Entity Name:** ESPRESSIVO, INC.**Current Principal Place of Business:**C/O JOHN WEATHERSPOON  
6173 CAMP LEE ROAD  
WEST PALM BEACH, FL 33417**Current Mailing Address:**C/O JOHN WEATHERSPOON  
6173 CAMP LEE ROAD  
WEST PALM BEACH, FL 33417**FEI Number:** 46-1642288**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRIGGS, CATHERINE  
2395 NW 7TH ST  
BOYNTON BEACH, FL 33426 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	ARTISTIC DIRECTOR
Name	WEATHERSPOON, JOHN
Address	C/O JOHN WEATHERSPOON 6173 CAMP LEE ROAD
City-State-Zip:	WEST PALM BEACH FL 33417

Title	VP
Name	BUTTERFIELD, BONNIE
Address	3602 FAIRWAY DR
City-State-Zip:	JUPITER FL 33477

Title	TREASURER
Name	SKINNER, CHRISTA
Address	12758 OLD INDIANTOWN RD
City-State-Zip:	JUPITER FL 33478

Title	PRESIDENT
Name	BRIGGS, CATHERINE
Address	2395 NW 7TH ST
City-State-Zip:	BOYNTON BEACH FL 33426
Title	SECRETARY
Name	ROBERTS, CARY
Address	1133 7TH ST
City-State-Zip:	LAKE PARK FL 33403

*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:** SKINNER, CHRISTA

TREASURER

04/26/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date