

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008030

**Entity Name:** ESTHER'S KIDS INC

**Current Principal Place of Business:**

10770 OAKDALE TERRACE  
SEMINOLE, FL 33772

**FILED**  
**Apr 05, 2023**  
**Secretary of State**  
**8459553242CC**

**Current Mailing Address:**

10770 OAKDALE TERRACE  
SEMINOLE, FL 33772 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRANUCCI, BETTY  
10770 OAKDALE TERRACE  
SEMINOLE, FL 33772 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 P  
Name GRANUCCI, BETTY  
Address 10770 OAKDALE TERRACE  
City-State-Zip: SEMINOLE FL 33772

Title VP  
Name GRANUCCI, PHILLIP  
Address 10770 OAKDALE TERR  
City-State-Zip: SEMINOLE FL 33772

Title D  
Name ZUSPAN, JOSHUA  
Address 6825 S SPARKMAN ST  
City-State-Zip: TAMPA FL 33616

Title D  
Name ROBERTS, ALICIA  
Address 6825 S SPARKMAN ST  
City-State-Zip: TAMPA FL 33616

Title S  
Name OTT, GEORGIA  
Address 2156 WATERSIDE DR  
City-State-Zip: CLEARWATER FL 33764

Title D  
Name GILLEY, JOHN  
Address 4816 8TH AVE N  
City-State-Zip: ST. PETERSBURG FL 33713

Title D  
Name VOSLER, PAMELA  
Address 4816 8TH AVE N  
City-State-Zip: ST. PETERSBURG FL 33713

*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: BETTY GRANUCCI**

**P**

**04/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date