

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

DOCUMENT# N22000007310

**Entity Name:** THE ESTIME-IRVIN FOUNDATION, INC.

**Current Principal Place of Business:**

820 NE 125 STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

820 NE 125 STREET  
NORTH MIAMI, FL 33161

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ESTIME-IRVIN, MARY  
820 NE 125 STREET  
NORTH MIAMI, FL 33161 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 C  
Name ESTIME-IRVIN, MARY  
Address 820 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title VC  
Name JEANTY, MARCKESNON  
Address 820 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DIR  
Name CARPENTIER, IMMACULA  
Address 820 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title TRES  
Name MERVILE, NAHOMIE  
Address 820 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DIR  
Name ESTIME, LINDA  
Address 820 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title DIR  
Name SMUKLER, FORTUNA  
Address 820 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161

*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:** MARY ESTIME-IRVIN

**CHAIR**

**05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date