

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001205

Entity Name: ESTHER'S GROUP HOME CORPORATION**Current Principal Place of Business:**20115 N.E. 20TH AVE
N. MIAMI BEACH, FL 33179**Current Mailing Address:**20115 N.E. 20TH AVE
N. MIAMI BEACH, FL 33179**FEI Number:** 65-1090901**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DELVA, ESTHER
12775 SW 47 ST
MIRAMAR, FL 33027 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	PRESIDENT
Name	DELVA, ESTHER
Address	100 KINGS POINT DRIVE #907
City-State-Zip:	SUNNY ISLES FL 33160

Title	DIRECTOR
Name	FRANCOIS, ROLAND
Address	20452 NW 7TH CT
City-State-Zip:	MIAMI FL 33169

Title	DIRECTOR
Name	ROY, MONIQUE
Address	170 NE 163RD STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	SECRETARY
Name	ANDERSON, DENISE
Address	7409 NW 34TH STRRET
City-State-Zip:	LAUDERHILL FL 33313

Title	DIRECTOR
Name	FRAZIL, MYRIAM
Address	625 NE 103 TERR
City-State-Zip:	MIAMI FL 33179

Title	DIRECTOR
Name	BAPTISTE, MAYAN JEAN
Address	222 EAST DIXIE CT APT 306
City-State-Zip:	FORT LAUDEDALE FL 33311

Title	DIRECTOR
Name	MILLIEN, PASTOR HENOCK
Address	12620 NE 4TH AVE
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: ESTHER DELVA**PRESIDENT****03/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date