

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000012130

**Entity Name:** ESSERMAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

10455 N.W. 12TH STREET  
MIAMI, FL 33172

**Current Mailing Address:**

5871 SW 91ST STREET  
MIAMI, FL 33156 US

**FEI Number:** 20-2074738

**Certificate of Status Desired:** No

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

NELSON, BARRY AESQ.  
NELSON & LEVINE, P.A.  
2775 SUNNY ISLES BLVD., SUITE 118  
NORTH MIAMI BEACH, FL 33160 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 PVD  
Name ESSERMAN, CHARLENE  
Address 10455 N.W. 12TH STREET  
City-State-Zip: MIAMI FL 33172

Title ST  
Name HOCTOR, JOHN W  
Address 10455 N.W. 12TH STREET  
City-State-Zip: MIAMI FL 33172

Title D  
Name ESSERMAN, JAMES N  
Address 10455 N.W. 12TH STREET  
City-State-Zip: MIAMI FL 33172

Title D  
Name ESSERMAN, LAURA J  
Address 10455 N.W. 12TH STREET  
City-State-Zip: MIAMI FL 33172

Title D  
Name ESSERMAN, LISA E  
Address 10455 N.W. 12TH STREET  
City-State-Zip: MIAMI FL 33172

Title DIRECTOR  
Name ESSERMAN, SUSAN G  
Address 10455 NW 12TH STREET  
City-State-Zip: MIAMI FL 33172

*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:** JOHN W. HOCTOR

ST

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date