

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000004574

Entity Name: ESTEAM COMMUNITY FOUNDATION INCORPORATED**Current Principal Place of Business:**4519 LAKE CALABAY DRIVE
ORLANDO, FL 32837**Current Mailing Address:**P.O. BOX 551308
ORLANDO, FL 32855 US**FEI Number: 81-0930229****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RILEY, AVIS MONICA
4519 LAKE CALABAY DRIVE
ORLANDO, FL 32837 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	D
Name	RILEY, AVIS MONICA
Address	4519 LAKE CALABAY DRIVE
City-State-Zip:	ORLANDO FL 32837

Title	D
Name	BROOKS, EDITH
Address	519 EARTHA LANE
City-State-Zip:	ORLANDO FL 32805

Title	D
Name	POOLE, MELINDA
Address	2029 COLONIAL WOODS BLVD
City-State-Zip:	ORLANDO FL 32826

Title	D
Name	SMITH, VETRECIA S
Address	1312 GLENLEIGH AVE
City-State-Zip:	OCOE FL 34761

Title	D
Name	ELLIS, LAROLYN TOMLINSON
Address	1021 MARTEX DRIVE
City-State-Zip:	APOPKA FL 32703

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: AVIS MONICA RILEY**PRESIDENT****02/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date