

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

DOCUMENT# N19000003529

**Entity Name:** ESPERANZA COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

3600 BROADWAY, #20  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

3600 BROADWAY, #20  
WEST PALM BEACH, FL 33407 US

**FEI Number: 83-3986715**

**Certificate of Status Desired: No**

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

HANSON, MARY JILL ESQ.  
3600 BROADWAY  
#20  
WEST PALM BEACH, FL 33407 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            MOFFETT, SYLVIA  
Address        3600 BROADWAY, #20  
City-State-Zip: WEST PALM BEACH FL 33407

Title            VP  
Name            HANSON, MARY JILL ESQ.  
Address        3600 BROADWAY, #20  
City-State-Zip: WEST PALM BEACH FL 33407

Title            SECRETARY  
Name            WAITKEVICZ, JOAN  
Address        3600 BROADWAY, #20  
City-State-Zip: WEST PALM BEACH FL 33407

Title            TREASURER  
Name            COCHRAN, ENID  
Address        3600 BROADWAY, #20  
City-State-Zip: WEST PALM BEACH FL 33407

Title            DIRECTOR  
Name            DORN, BETSY  
Address        3600 BROADWAY, #20  
City-State-Zip: WEST PALM BEACH FL 33407

Title            DIRECTOR  
Name            MAISONET, JEZABEL  
Address        3600 BROADWAY, #20  
City-State-Zip: WEST PALM BEACH FL 33407

*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: SYLVIA MOFFETT**

**PRESIDENT**

**01/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date