

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003896

Entity Name: CROCKETT FOUNDATION INC.**Current Principal Place of Business:**5101 NW 21ST AVE
STE 530
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5101 NW 21ST AVE
STE 530
FORT LAUDERDALE, FL 33309 US**FEI Number:** 20-2689974**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HENRI CROCKETT
5101 NW 21ST AVE
530
FORT LAUDERDALE, FL 33309 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:** HENRI CROCKETT

04/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name CROCKETT, HENRI
Address 3129 NW 82ND TERRACE
City-State-Zip: COOPER CITY FL 33024

Title VPD
Name CROCKETT, ZACHARY
Address 3129 NW 82ND TERRACE
City-State-Zip: COOPER CITY FL 33024

Title D
Name KEVIN, PROPHETE
Address 3000 NE 188TH ST UNIT 605
City-State-Zip: AVENTURA FL 33180

Title D
Name STOCKER, MICHELE
Address 3000 NE 188TH ST UNIT 605
City-State-Zip: AVENTURA FL 33180

Title TREASURER
Name MUNOZ, ERIC
Address 3129 NW 82ND TERR
City-State-Zip: COOPER CITY FL 33024

Title DIRECTOR
Name BIARD, BENJAMIN
Address 3129 NW 82ND TERR
City-State-Zip: COOPER CITY FL 33024

Title DIRECTOR
Name SPOTO, MARC
Address 400 SW 1ST AVE
SUITE 102
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name CROSS, STACI
Address 400 SW 1ST AVE
SUITE 102
City-State-Zip: FORT LAUDERDALE FL 33301

Continues on page 2

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: HENRI CROCKETT

PRESIDENT

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANTONIO, COLEY
Address 401 SW 1ST AVE
SUITE 102
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECVTOR
Name WESTBROOK, JEREMY
Address 5101 NW 21ST AVE
STE 530
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIR
Name DUCHARME, RICH
Address 5101 NW 21ST AVE
STE 530
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name COLE, KRISTAL
Address 5101 NW 21ST AVE
STE 530
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name REAS, BRIAN
Address 5101 NW 21ST AVE
STE 530
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name SAINT LOUIS, JENNIFER
Address 5101 NW 21ST AVE
STE 530
City-State-Zip: FORT LAUDERDALE FL 33309