

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003896

**Entity Name:** CROCKETT FOUNDATION INC.**Current Principal Place of Business:**401 SW 1ST AVE  
SUITE 102  
FORT LAUDERDALE, FL 33301**Current Mailing Address:**401 SW 1ST AVE  
SUITE 102  
FORT LAUDERDALE, FL 33301 US**FEI Number:** 20-2689974**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HENRI CROCKETT  
3129 NW 82ND TERRACE  
COOPER CITY, FL 33024 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

01/15/2020

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	D
Name	KEVIN, PROPHETE
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	VPD
Name	CROCKETT, ZACHARY
Address	3129 NW 82ND TERRACE
City-State-Zip:	COOPER CITY FL 33024
Title	D
Name	STOCKER, MICHELE
Address	3000 NE 188TH ST UNIT 605
City-State-Zip:	AVENTURA FL 33180
Title	DIRECTOR
Name	DEV, MOTWANI
Address	3129 NW 82ND TERR
City-State-Zip:	COOPER CITY FL 33024
Title	DIRECTOR
Name	DESANCTIS, MARIE
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

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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