

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000000395

Entity Name: LAWRENCE ROWE LEGENDARY CRICKET FOUNDATION INC.**Current Principal Place of Business:**736 NE 167 STREET
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**736 NE 167 STREET
NORTH MIAMI BEACH, FL 33162**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROWE, AUDREY
736 NE 167 STREET
NORTH MIAMI BEACH, FL 33162 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:** AUDREY ROWE

04/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ROWE, AUDREY
Address	736 NE 167 STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TREASURER
Name	PITT, NATALIE
Address	736 NE 167 STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	SECRETARY
Name	HAUGHTON, STEPHANIE
Address	736 NE 167 STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	OFFICER
Name	ROWE, LAWRENCE
Address	736 NE 167 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	SECRETARY
Name	CRAWFORD, TAPEACHIA P
Address	736 NE 167 STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33162

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: AUDREY ROWE

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date