

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007937

FILED  
Jan 10, 2012  
Secretary of State

Entity Name: MIKE LOWELL FOUNDATION, INC.

**Current Principal Place of Business:**

% ABBOTT  
53 STATE STREET, SUITE 2400  
BOSTON, MA 021092802

**New Principal Place of Business:**

620 SANTURCE AVE  
CORAL GABLES, FL 33143

**Current Mailing Address:**

% ABBOTT  
53 STATE STREET, SUITE 2400  
BOSTON, MA 021092802

**New Mailing Address:**

620 SANTURCE AVE  
CORAL GABLES, FL 33143

FEI Number: 65-1154182

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LOWELL, MIKE  
Address: 620 SANTURCE AVE  
City-St-Zip: CORAL GABLES, FL 33143

Title: VSD  
Name: BERTHA, LOWELL  
Address: 620 SANTURCE AVE  
City-St-Zip: CORAL GABLES, FL 33143

Title: TD  
Name: FRIGULS, GARO  
Address: SW 102ND STREET  
City-St-Zip: MIAMI, FL 33156

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: MIKE LOWELL

PRES

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date