

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001126

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC0009874469**

**Entity Name:** THE LENNOX AND MARGARET PIKE FOUNDATION INC.

**Current Principal Place of Business:**

7601 NW 41ST STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

7601 NW 41ST STREET  
CORAL SPRINGS, FL 33065

**FEI Number: 27-4804627**

**Certificate of Status Desired: No**

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

ABC CONSULTING SERVICES GROUP  
16898 SW 16TH ST  
PEMBROKE PINES, FL 33027 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 D  
Name PIKE, LENNOX  
Address 24984 GLEN ORCHARD DR  
City-State-Zip: FARMINGTON HILLS MI 48336

Title P  
Name PIKE, LISA  
Address 17001 COLLINS AVE #1203  
City-State-Zip: SUNNY ISLES FL 33160

Title S  
Name MAYER, SHERILYN  
Address 7601 NW 41ST ST  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name HEADD, MICHELE  
Address 10109 E. MIDWAY CT  
City-State-Zip: WALLED LAKE MI 48390

Title T  
Name PANDY, PHILLIP  
Address 2120 SUNRIDGE DR  
City-State-Zip: CHINO HILLS CA 91709

Title D  
Name GILLETTE, GREGORY  
Address 4106 ASH ST  
City-State-Zip: INKSTER MI 48141

*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: LISA PIKE**

**PRESIDENT**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date