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2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE LENNOX AND MARGARET PIKE FOUNDATION INC.

### Current Principal Place of Business:

6900 NW 34TH STREET MARGATE, FL 33063

# **Current Mailing Address:**

6900 NW 34TH STREET MARGATE, FL 33063 US

# FEI Number: 27-4804627

# Name and Address of Current Registered Agent:

ABC CONSULTING SERVICES GROUP 16898 SW 16TH ST PEMBROKE PINES, FL 33027 US

Date

Certificate of Status Desired: Yes

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

# **Officer/Director Detail :**

| Title           | Р                       | Title           | S                    |
|-----------------|-------------------------|-----------------|----------------------|
| Name            | PIKE, LISA A            | Name            | PIKE MAYER, SHERILYN |
| Address         | 19404 SW 66TH STREET    | Address         | 6900 NW 34TH ST      |
| City-State-Zip: | PEMBROKE PINES FL 33332 | City-State-Zip: | MARGATE FL 33063     |
| Title           | D                       | Title           | т                    |
| Name            | HEADD, MICHELE          | Name            | PANDY, PHILLIP       |
| Address         | 10109 E. MIDWAY CT      | Address         | 2120 SUNRIDGE DR     |
| City-State-Zip: | WALLED LAKE MI 48390    | 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

04/16/2016

Electronic Signature of Signing Officer/Director Detail

Date