

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 703788

1. Entity Name
PEACOCK FOUNDATION, INC.



Principal Place of Business

100 SE 2ND ST
STE 2370
MIAMI, FL 33131-2145 US

Mailing Address

100 SE 2ND ST
STE 2370
MIAMI, FL 33131-2145 US



01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0999759

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ALLEN, JOELLE M
100 SE 2ND STREET
STE 2370
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTM
NAME	RICKARD, BARBARA A.
STREET ADDRESS	100 SE 2ND ST. STE 2370
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	POST, THOMAS R
STREET ADDRESS	100 S.E. 2ND ST., SUITE 2370
CITY-ST-ZIP	MIAMI, FL 331312127
TITLE	SD
NAME	REITER-FARAGALLI, ROBIN
STREET ADDRESS	100 S.E. 2ND ST., SUITE 2370
CITY-ST-ZIP	MIAMI, FL 331312127

U00000505474
04/26/06-80116-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2006

Date

(305) 373-1386

Daytime Phone if