

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703788

Entity Name: PEACOCK FOUNDATION, INC.**Current Principal Place of Business:**100 SE 2ND ST
STE 2370
MIAMI, FL 33131-2145**Current Mailing Address:**100 SE 2ND ST
STE 2370
MIAMI, FL 33131-2145 US**FEI Number:** 59-0999759**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, JOELLE M
100 SE 2ND STREET
STE 2370
MIAMI, FL 33131 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	PRESIDENT
Name	REITER-FARAGALLI, ROBIN
Address	100 SE 2ND ST, STE 2370
City-State-Zip:	MIAMI FL 33131-2127

Title	SECRETARY, TREASURER
Name	SACHER, CHARLES P
Address	100 S.E. 2ND ST., SUITE 2370
City-State-Zip:	MIAMI FL 33131-2127

Title	DIRECTOR
Name	GRIFFIN, JAN
Address	100 SE 2ND ST STE 2370
City-State-Zip:	MIAMI FL 33131-2145

Title	DIRECTOR
Name	ECHENIQUE, JORGE M.D.
Address	100 SE 2ND ST STE 2370
City-State-Zip:	MIAMI FL 33131-2145

Title	VP
Name	BROEKER, MELANIE INK
Address	100 SE 2ND ST STE 2370
City-State-Zip:	MIAMI FL 33131-2145

Title	DIRECTOR
Name	ALLEN, JOELLE
Address	100 SE 2ND ST STE 2370
City-State-Zip:	MIAMI FL 33131-2145

Title	DIRECTOR
Name	KRESS, DONALD A
Address	100 SE 2ND ST STE 2370
City-State-Zip:	MIAMI FL 33131-2145

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: JOELLE ALLEN**EXECUTIVE DIRECTOR****03/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date