

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703788

Entity Name: PEACOCK FOUNDATION, INC.**Current Principal Place of Business:**4000 PONCE DE LEON BOULEVARD,
SUITE 450
CORAL GABLES, FL 33146**Current Mailing Address:**4000 PONCE DE LEON BOULEVARD,
SUITE 450
CORAL GABLES, FL 33146 US**FEI Number:** 59-0999759**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, JOELLE M
4000 PONCE DE LEON BLVD STE 450
CORAL GABLES, FL 33146 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 VP
Name REITER-FARAGALLI, ROBIN
Address 4000 PONCE DE LEON BOULEVARD,
SUITE 450
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name GRIFFIN, JAN
Address 4000 PONCE DE LEON BOULEVARD,
SUITE 450
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name BROEKER, MELANIE INK
Address 4000 PONCE DE LEON BOULEVARD,
SUITE 450
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT
Name KRESS, DONALD A
Address 4000 PONCE DE LEON BOULEVARD,
SUITE 450
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY, TREASURER
Name SACHER, CHARLES P
Address 4000 PONCE DE LEON BOULEVARD,
SUITE 450
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name ECHENIQUE, JORGE M.D.
Address 4000 PONCE DE LEON BOULEVARD,
SUITE 450
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR
Name ALLEN, JOELLE
Address 4000 PONCE DE LEON BOULEVARD,
SUITE 450
City-State-Zip: CORAL GABLES FL 33146

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**DIRECTOR****02/11/2020**

Electronic Signature of Signing Officer/Director Detail

Date