FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739943 (9)

1. Corporation Name
THE BEN PEACOCK EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2328 CALADIUM ROAD JACKSONVILLE FL 32211	2328 CALADIUM ROAD JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: 08/18/1977
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1767720 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEACOCK, BEN L
2328 CALADIUM ROAD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: Peacock, Helen J.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2328 Caladium Rd.
84 City: Jacksonville FL 85 Zip Code: 32211

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Helen J. Peacock — 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	CULLEN, STEPHEN JR	1.2 NAME	Rev. Herb Reavis	
STREET ADDRESS	2610 PRETTY BAYOU ISLAND	1.3 STREET ADDRESS	8531 N. Main St.	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32218	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	FUSSELL, L W	2.2 NAME		
STREET ADDRESS	2421 E 16TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, MARY HELEN	3.2 NAME		
STREET ADDRESS	2328 CALADIUM ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, BEN L	4.2 NAME		
STREET ADDRESS	2328 CALADIUM ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen J. Peacock-Helen J. Peacock 4/18/95 (904)743-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000141