

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739943** (9)  
1. Corporation Name  
**THE BEN PEACOCK EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business <b>2328 CALADIUM ROAD JACKSONVILLE FL 32211</b>	Mailing Address <b>2328 CALADIUM ROAD JACKSONVILLE FL 32211-4088</b>
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3. Date Incorporated or Qualified <b>08/18/1977</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-1767720</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HELEN PEACOCK  
2328 CALADIUM RD.  
JAX FL 32211**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TD CULLEN STEPHEN JR.</b>	1.2 NAME	<b>Dr. Herb Reavis, Jr</b>
STREET ADDRESS	<b>2810 PRETTY BAYOU ISLAND DR.</b>	1.3 STREET ADDRESS	<b>8531 N. Main St.</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	1.4 CITY - ST - ZIP	<b>Jacksonville, FL 32218</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD FUSSELL, L W</b>	2.2 NAME	
STREET ADDRESS	<b>2421 E 18TH ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD PEACOCK, MARY HELEN</b>	3.2 NAME	
STREET ADDRESS	<b>2328 CALADIUM ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** 4/14/97 (904) 743-0444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0006452

CR2E037 (9/96)