

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739943

1. Entity Name

THE BEN PEACOCK EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

2328 CALADIUM ROAD
JACKSONVILLE FL 32211

Mailing Address

2328 CALADIUM ROAD
JACKSONVILLE FL 32211-4088

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1767720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELEN PEACOCK
2328 CALADIUM RD.
JAX FL 32211

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE TD
NAME CULLEN STEPHEN JR.
STREET ADDRESS 2610 PRETTY BAYOU ISLAND DR.
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE SD
NAME FUSSELL, L W
STREET ADDRESS 2421 E 16TH ST
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE VD
NAME PEACOCK, MARY HELEN
STREET ADDRESS 2328 CALADIUM ROAD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE PD
NAME REAVIS, HERB, DR JR
STREET ADDRESS 8531 N. MAIN ST.
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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:

Mary Helen Peacock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/24/00
Daytime Phone # 904 743-0444

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90016 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)