

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739943

1. Entity Name

THE BEN PEACOCK EVANGELISTIC ASSOCIATION, INC.

**FILED**  
May 21, 2002 8:00 am  
Secretary of State

05-21-2002 90854 025 \*\*\*\*61.50

Principal Place of Business <b>2328 CALADIUM ROAD JACKSONVILLE FL 32211</b>	Mailing Address <b>2328 CALADIUM ROAD JACKSONVILLE FL 32211</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1767720</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<del>\$8.75</del> Additional Fee Required
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CULLEN STEPHEN JR.</b>	
STREET ADDRESS	<b>2610 PRETTY BAYOU ISLAND DR.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FUSSELL, L W</b>	
STREET ADDRESS	<b>2421 E 16TH ST</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PEACOCK, MARY HELEN</b>	
STREET ADDRESS	<b>2328 CALADIUM ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>REAVIS, HERB, DR JR</b>	
STREET ADDRESS	<b>8531 N. MAIN ST.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Helen Peacock* **Helen Peacock** **4/27/02** **904 743-0444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)