

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004988

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: MARTHA LUCILE PEACOCK FOUNDATION, INC.

**Current Principal Place of Business:**

426 SW 40TH ST  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

426 SW 40TH ST  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 20-2832903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R JR  
1000 LEGION PL STE 1700  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEHNKE, MARYLOU  
Address: 426 SW 40TH ST  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: SIMER, BRUCE  
Address: 2230 NW 54TH TR  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: DYCE, BYRON  
Address: 6130 NW 58TH PL  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: ZEBEDEE, SONJA  
Address: 1901 NW 22ND ST  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARYLOU BEHNKE

D

04/16/2008

Electronic Signature of Signing Officer or Director

Date