



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000005865 1. Entity Name CASSIUS L. AND TOMMAY T. PEACOCK FOUNDATION, INC.						FILED 08 AUG 29 PM 4: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4555 SILVER FOX DR NAPLES, FL 34119				Mailing Address 4555 SILVER FOX DR NAPLES, FL 34119			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 REINSTATEMENT 07-08 08282008 REINSTATEMENT 08282008 (1/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-4985168				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TAYLOR, J, ERIC ESQ. 101 E KENNEDY BLVD STE 2700 TAMPA, FL 33602			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE		J. Eric Taylor		8/25/08		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/P Tommay T. Peacock 4555 Silver Fox Drive Naples, Florida 34119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/S J. Eric Taylor 101 E. Kennedy Blvd., Suite 2700 Tampa, Florida 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/T Paula H. Hurley 101 E. Kennedy Blvd., Suite 2700 Tampa, Florida 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900135143789 08/29/08--01042--001 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.							
SIGNATURE:		J. Eric Taylor, Secretary		8/25/08		(813) 223-7474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	