

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 702535 (6)**  
1. Corporation Name  
**COKEBURY METHODIST CHURCH OF MARGATE, INC.**



Principal Place of Business  
**1801 N.W. 65TH AVE  
MARGATE FL 33063**

Mailing Address  
**1801 N.W. 65TH AVE  
MARGATE FL 33063**

3. Date Incorporated or Qualified  
**06/08/1961**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>70-2535161</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					

## 9. Name and Address of Current Registered Agent

**MADARASZ MARIE  
1655 NW 69TH TERRACE  
MARGATE FL 33063**

## 10. Name and Address of New Registered Agent

81. Name  
**Brian Moldenhauer**

82. Street Address (P.O. Box Number is Not Acceptable)  
**2921 NW 53rd Terrace**

83. City  
**Margate**

84. State  
**FL**

85. Zip Code  
**33063**

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 *Brian Moldenhauer* DATE **2/5/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADARASZ, MARIE</b>	12 NAME	<b>Brian Moldenhauer</b>
STREET ADDRESS	<b>1655 NW 69TH TERR.</b>	13 STREET ADDRESS	<b>2921 NW 53rd Terrace</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	14 CITY-ST-ZIP	<b>Margate FL 33063</b>
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, KENT</b>	22 NAME	
STREET ADDRESS	<b>3146 NW 69TH ST.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	24 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EAGER, TIM</b>	32 NAME	<b>Joyce Vose</b>
STREET ADDRESS	<b>6651 NW 23RD ST</b>	33 STREET ADDRESS	<b>4911 NW 51st Street</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	34 CITY-ST-ZIP	<b>Coconut Creek FL 33073</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Brian Moldenhauer* DATE **2/5/96** DAYTIME PHONE # **954-493-5016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brian Moldenhauer**

Date

Daytime Phone #

CR2E037 (12/95)