FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

702535

(6)

COKESBURY METHODIST CHURCH OF MARGATE, INC.

OONEC	DOM: MEMODIO! OHOM	OII OI MAIN	ARTE: INO	•						
Principal Place of Business		Mailing Address					E INDEN INTENDIBUTA SERVI DISTO	(GENERAL BANK A MENTAL		
1801 N.W. 65TH AVE MARGATE FL 33063		1801 N.W. 65TH AVE MARGATE FL 33063-2327								
							 Date Incorporated or Qualift 06/08/1961 	fied 3a. D	Date of Last R 02/21/199	
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number 70-2535161			oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	a 🗆		Additional
City & State		City & State					6. Election Campaign Financin		\$5.00	
23 Zip	Country	28] Zip			Country		Trust Fund Contribution 8. This corporation has liability	v for intangible		to Fees
24	25 29 30		30			Florida Statutes				
	9. Name and Address of Curre	nt Registered Ag	jent				Name and Address of Ner	w Registered	Agent	
MOI DEN	IHAUER, BRIAN			81	Name					
2921 NW 53RD TERRACE				62	Street	Address	s (P.O. Box Number is Not Acce	eptable)		
MARGAT	E FL 33063			63						
				84	City			FL	_	Code
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	02 and 617 1508, of Florida, Such	Florida Statut change was a	es, the above authorized by	-named the cor	d corpora	ation submits this statement for 's board of directors. I hereby a	the purpose o	of changing It	s registered registered
agent. i a	m familiar with, and accept the oblig	ations of, Section	617.0503, Flo	orida Statutes	i.					~
SIGNATURE .	Signature, typed or printed name of registered ag-	eril and title II applicable	D. (NOT	E: Registered Age	nt signature	e required y	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS		13.		•	ADDITIONS/CHANGES TO C	OFFICERS AN	D DIRECTOR	S IN 12
TITLE	PD		DELETE	. 1.1 TITLE		1			Change	☐ Addition
NAME	MOLDENHAUER, BRIAN			1.2 NAME						
STREET ADDRESS	2921 NW 53RD TERRACE			1.3 STREET	ADDRESS					
CITY-ST-ZIP	MARGATE FL			1.4 CITY - S	T-ZIP					
TITLE	VD	Ţ	DELETE	2.1 TITLE		VD			Change	Addition
NAME	WILLIAMS, KENT			2.2 NAME		EAG	FER TIM	/		
STREET ADDRESS	3146 NW 69TH ST.			2.3 \$TREET	ADDRESS	665	INW 23 STree	7		
CITY - ST - ZIP	FT. LAUDERDALE FL			2. 4 CITY - 5	T-ZIP	maj	GER TIM TINW 23 54 120 RGATE <i>JI</i> 330	<u>(3</u>		
TITLE	ST	į	DELETE	3.1 TITLE					Change	☐ Addition
NAME	VOSE, JOYCE			3.2 NAME						
STREET ADDRESS	4911 NW 51ST STREET			3.3 STREET						
CITY-ST-ZIP	COCONUT CREEK FL	****	bruere	3 4. CITY - 5	T-ZIP		, 			
TITLE		ı	DELETE	4.1 TITLE		-			Change	Addition
NAME				4. 2 NAME						ļ
STREET ADDRESS				4.3 STREET						
CITY-ST-ZIP TITLE		***************************************	DELETE	4.4 CITY-S	r - ZIP	 			05	T Addition
NAME			DELLIL	5.1 TITLE					☐ Change	L] Addition
STREET ADDRESS				5.2 NAME	4D0D540	•				
				5.3 STREET						
CITY-ST-ZIP TITLE		·····	DELETE	5.4 CITY - S 6.1 TITLE	1-ZIP	 			Change	Addition
NAME			- PECELL	6.2 NAME					T cuands	☐ vaa(da)
STREET ADDRESS					ADDRECC					
CITY-SI-ZIP				6.3 STREET 6.4 CITY-S						
VIII VI-ZII				■ U.4 UII1 * 3	1-4IF .	4				

14. I do 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 (954)984-955

FILED

Mar 07 1997 8:00am

Secretary of State