

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 70-2535161		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent MOLDENHAUER, BRIAN 2921 NW 53RD TERRACE MARGATE FL 33063	10. Name and Address of New Registered Agent
	81 Name Vose, Jeff
	82 Street Address (P.O. Box Number is Not Acceptable) 1455 NW 69th Terrace
	83
	84 City Margate
	85 Zip Code FL 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 *Jeff Vose* DATE **02-22-98**
Signature, title 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 checked="" type="checkbox"/> DELETE	1.1 TITLE C/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOLDENHAUER, BRIAN		1.2 NAME Vose, Jeff	
STREET ADDRESS 2921 NW 53RD TERRACE		1.3 STREET ADDRESS 1455 NW 69th Terrace	
CITY-ST-ZIP MARGATE FL		1.4 CITY-ST-ZIP Margate FL 33063	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EAGER, TIM		2.2 NAME Emde, Ronald	
STREET ADDRESS 6651 N.W. 23RD STREET		2.3 STREET ADDRESS 6800 Royal Palm Blvd. #F-304	
CITY-ST-ZIP MARGATE FL		2.4 CITY-ST-ZIP Margate, FL 33063	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE B/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOSE, JOYCE		3.2 NAME Mrakovich, Kim	
STREET ADDRESS 4911 NW 51ST STREET		3.3 STREET ADDRESS 6152 SW 4th Street	
CITY-ST-ZIP COCONUT CREEK FL		3.4 CITY-ST-ZIP Margate FL 33068	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Jeff Vose* DATE **02-22-98**
Signature, title or printed name of officer or director

CR2E037 (10/97)