

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 702535**

1. Corporation Name

COKESBURY METHODIST CHURCH OF MARGATE, INC.

Principal Place of Business

Mailing Address

1801 N.W. 65TH AVE

1801 N.W. 65TH AVE

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90111 039 \*\*\*\*61.25



MARGATE FL	33063				M	iargate fl	33063													
Principal Place of Business The Principal Place of Business					2a. Mailing Address								Incom 08/19		or Qualifed	j	-			
Suite, Apt. #, etc.					Suite, Apt. #, etc.						4. FEI Number							Appl	ied For	
22					27					Ì	70-7	2535	<u> 161 - </u>					Not	Applicable	
City & State					City & State						5 Cort	ifcata c	of Status	Desired				-	ditional	
23					28					5. Certificate of Status Desired					<u> </u>	Fee Required				
Zip Country					Zip Country					6. Election Campaign Financing						\$5.00 May Be Added to Fees				
24		25			29		3	<u> </u>						Contrib					led to	Fees
	9. Name	and	Address of (	Current R	egis	stered Agen	<u> </u>		31	Name		U. Nam	ne and	Addres	s of New	Regist	erea A	tgent		
									"	Name	Ti	m Ea	ger							
VOSE, JEFF						82 Street					Address (P.O. Box Number is Not Acceptable)								, ,	
1455 NW 69TH TERR											6651 NW 23rd Street									
MARGATE	FL 33063							ľ	33					•						
								1	34	City			•					85	Zip C	ode
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11. Pursuant office or ragent. I a	to the provis egistered ag m familiar w	ions ent,	of Sections 6 or both, in the ind accept the	17.0502 a State of F obligation	nd 6 Florid Is of	617.1508, Flo ida. Such cha f, Section 61	7.0000, Florid	a Qiaiui	65.								se of c appoin L/99		g its r is regi	egistered stered
SIGNATURE	14	12			-1 4/44	- M P-+1-	Tim	Eag	er	c, Ch	airm	an o	t Tr	uste	es	DA	•			· ˈ
12.	Signature, type	350		RS AND [		e if applicable.	(NOTE. R	13.	gen:	r aignature in	aquileo wii			/CHANG	ES TO O	-		D DIRE	CTOR	S IN 12
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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, with all other like empowered.

SIGNATURE:



2/1/99 Date

972-6628 .

Daytime Phone #