

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90001 001 ****61.25

DOCUMENT # 702535

1. Entity Name

COKEBURY METHODIST CHURCH OF MARGATE, INC.

Principal Place of Business

Mailing Address

1801 N.W. 65TH AVE
 MARGATE FL 33063

1801 N.W. 65TH AVE
 MARGATE FL 33063-2327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

70-2535161

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EAGER, TIM
6651 NW 23RD STREET
MARGATE FL 33063

Name
William H. Mangini

Street Address (P.O. Box Number is Not Acceptable)

2025 NW 45th Avenue

City
Margate

FL

Zip Code
33066

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.

SIGNATURE

William H. Mangini
 Signature, typed or printed name of registered agent and title if applicable
William H. Mangini

(NOTE: Registered Agent signature required when reinstating)

2/14/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: CTR NAME: EAGER, TIM STREET ADDRESS: 6651 NW 23RD STREET CITY-ST-ZIP: MARGATE FL 33063 <input checked="" type="checkbox"/> Delete	TITLE: CTR NAME: William H. Mangini STREET ADDRESS: 2025 NW 45th Avenue CITY-ST-ZIP: Coconut Creek, FL 33066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTR NAME: EMDE, RONALD STREET ADDRESS: 6800 ROYAL PALM BLVD, #F-304 CITY-ST-ZIP: MARGATE FL 33063 <input checked="" type="checkbox"/> Delete	TITLE: VTR NAME: Phil Gough STREET ADDRESS: 2693 NW 64th Avenue CITY-ST-ZIP: Margate, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STR NAME: MRAKOVICH, KIM STREET ADDRESS: 6152 SW 4TH ST CITY-ST-ZIP: MARGATE FL 33068 <input checked="" type="checkbox"/> Delete	TITLE: STR NAME: Patricia Uber STREET ADDRESS: 927 NW 70th Way CITY-ST-ZIP: Margate, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 an address, with all other like empowered.

SIGNATURE:

William H. Mangini
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William H. Mangini

2/14/00

Date

(954) 975-4094

Daytime Phone #

CR2E037 (9/99)