


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 702535 1. Entity Name COKEsbURY METHODIST CHURCH OF MARGATE, INC. |  |
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|---|---|
| Principal Place of Business 1801 N.W. 65TH AVE MARGATE FL 33063 | Mailing Address 1801 N.W. 65TH AVE MARGATE FL 33063 |
|---|---|



1st MOORE CR2E037 (10/04)

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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|------------------------------------|--|
| 4. FEI Number 70-2535161 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent EAGER, TIM 6651 NW 23RD STREET MARGATE FL 33063 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$81.25
Due By May 1, 2005**

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> Delete CT EAGER, TIM 6651 NW 23RD STREET MARGATE FL 33063 |
| TITLE | <input type="checkbox"/> Delete VT SCHMIDT, RON 1051A NW 80TH TERR MARGATE FL 33063 |
| TITLE | <input type="checkbox"/> Delete ST LANCASTER, TEE 8109 NW 27 STREET, #1 CORAL SPRINGS FL 33065 |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |
| TITLE | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000230312 02/15/05-80038-016 70.00 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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: Tim A. Eager 2/16/05 954-553-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #