

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702535

**Entity Name:** COKESBURY METHODIST CHURCH OF MARGATE, INC.

**Current Principal Place of Business:**

1801 N.W. 65TH AVE  
MARGATE, FL 33063

**Current Mailing Address:**

1801 N.W. 65TH AVE  
MARGATE, FL 33063

**FEI Number:** 59-1092531

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLLEN, LINDA L  
631 BANKS ROAD  
MARGATE, FL 33063 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name HOLLEN, LINDA L  
Address 631 BANKS ROAD  
City-State-Zip: MARGATE FL 33063

Title D  
Name STOUT, JOAN  
Address 6121 SW 4 STREET  
City-State-Zip: MARGATE FL 33068

Title TREASURER  
Name WITCOFSKI, DIANE  
Address 201 NW 52ND STREET  
City-State-Zip: POMAPNO BEACH FL 33064

Title FINANCE BACKUP  
Name MONICO, JOHN  
Address 4820 NW 58TH STREET  
City-State-Zip: TAMARAC FL 33319

Title TRUSTEE  
Name HUFFMAN, RON  
Address 7761 HIGHLANDS CIRCLE  
City-State-Zip: MARGATE FL 33063

Title CFO  
Name DONALD, CUNNINGHAM  
Address 1801 N.W. 65TH AVE  
City-State-Zip: MARGATE FL 33063

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANE WITCOFSKI

**TREASURER**

**04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date