

**2017 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 D  
Name BINNS, CHELSIA G  
Address 7512 VISCAAYA CIRCLE  
City-State-Zip: MARGATE FL 33063

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 CFO  
Name DAVIS, DOUG  
Address 21209 LAGO CIRCLE  
#128  
City-State-Zip: BOCA RATON FL 33433

*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**

**01/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date