

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702535

FILED
Jan 27, 2006
Secretary of State

Entity Name: COKESBURY METHODIST CHURCH OF MARGATE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 70-2535161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGER, TIM
6651 NW 23RD STREET
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: EAGER, TIM
Address: 6651 NW 23RD STREET
City-St-Zip: MARGATE, FL 33063

Title: VT () Delete
Name: SCHMIDT, RON
Address: 1051A NW 80TH TERR
City-St-Zip: MARGATE, FL 33063

Title: ST () Delete
Name: LANCASTER, TEE
Address: 8109 NW 27 STREET, #1
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM EAGER

CT

01/27/2006

Electronic Signature of Signing Officer or Director

Date