2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State
06-09-2008 90002 027 ****70.00

DOCUMENT # 702535

1. Entity Name
COKESBURY 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

05122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Ronald G Huffman
Street Address (P.O. Box Number is Not Acceptable)
7761 Highlands Circle
City: Margate **FL** Zip Code: 33063

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: Ronald G Huffman RONALD G. HUFFMAN 6/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT UGER, RICHARD M 927 NW 70TH WAY MARGATE, FL 33063	☐ Delete Correct →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director UBER, Richard M.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT MORRELL, MICHAEL 1705 NW 58TH AVE MARGATE, FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Ronald G. HUFFMAN 7761 Highlands Circle Margate FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLEN, LINDA 631 BANKS ROAD MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOUGH, PHIL 2693 NW 64TH AVE MARGATE, FL 33063	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Donald HAUGEN 1005 Country Club Drive Margate FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Andrea L. SCHROEDER 8120 NW 51 Street Lauderhill FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Linda L Hollen Linda L. Hollen 6/2/08 954-984-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #