

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 731144

1. Entity Name
FIRST CHRISTIAN CHURCH OF MARGATE, INC.



Principal Place of Business
**1107 NW 66TH AVE.
MARGATE, FL 33063**

Mailing Address
**1107 NW 66TH AVE.
MARGATE, FL 33063**



08162006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2177851

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, JAMES A
20574 CAROUSEL CIRCLE WEST
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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

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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CT
NAME	LAWLESS, JOHN
STREET ADDRESS	2199 ROCK ISLAND ROAD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	SD
NAME	JACUCCI, JOSEPH
STREET ADDRESS	1334 NW 63 WAY
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP
NAME	PHILIP, GALINDO
STREET ADDRESS	5831 NW 29 COURT
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	JONES, JAMES A
STREET ADDRESS	20574 CAROUSEL CIRCLE WEST
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

John Lawless
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/06

Date

561-414-1125

Daytime Phone #

561-479-4919