

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731144

FILED
Aug 30, 2007
Secretary of State

Entity Name: FIRST CHRISTIAN CHURCH OF MARGATE, INC.

Current Principal Place of Business:

1107 NW 66TH AVE.
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1107 NW 66TH AVE.
MARGATE, FL 33063

New Mailing Address:

FEI Number: 59-2177851 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: LAWLESS, JOHN
Address: 2199 ROCK ISLAND ROAD
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: JACUCCI, JOSEPH
Address: 1334 NW 63 WAY
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: PHILIP, GALINDO
Address: 5831 NW 29 COURT
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: JONES, JAMES A
Address: 20574 CAROUSEL CIRCLE WEST
City-St-Zip: BOCA RATON, FL

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH JACUCCI

SD

08/30/2007

Electronic Signature of Signing Officer or Director

Date