

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90004 005 \*\*\*\*61.25

**DOCUMENT # 732943**

1. Entity Name  
**MARGATE ATHLETIC ASSOCIATION, INC**



Principal Place of Business  
**P. O. BOX 934705  
MARGATE, FL 33093-4705 US**

Mailing Address  
**P. O. BOX 934705  
MARGATE, FL 33093-4705 US**

**54000547**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2414299**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCKENNA, KATHY  
2023 N.W. 68 AVENUE  
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name **DEXTER, JANE**  
Street Address (P.O. Box Number is Not Acceptable)  
**480 SW 49 TERRACE**  
City **MARGATE** FL Zip Code **33068**

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 May 1, 2004**

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

TITLE PD  
NAME DEXTER, JANE ☐ Delete  
STREET ADDRESS 480 SW 49 TERRACE  
CITY-ST-ZIP MARGATE, FL

TITLE VPD  
NAME MAGLI, BARBARA ☐ Delete  
STREET ADDRESS 840 SW 49 TERRACE  
CITY-ST-ZIP MARGATE, FL

TITLE VPD  
NAME BECKY SADLER ☐ Delete  
STREET ADDRESS 610 SW 55TH AVE.  
CITY-ST-ZIP MARGATE, FL

TITLE TD ☒ Delete  
NAME MCKENNA, KATHY  
STREET ADDRESS 2023 NW 68 AVENUE  
CITY-ST-ZIP MARGATE, FL

TITLE SD ☐ Delete  
NAME JENKINS, ELLEN  
STREET ADDRESS 6625 NW 1 COURT  
CITY-ST-ZIP MARGATE, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **TD After Back, Jim**  
STREET ADDRESS **4955 NW 16 STREET**  
CITY-ST-ZIP **MARGATE, FL 33063**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Kathy McKenna**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/16/04**

Date

**954-815-4785**

Daytime Phone #