

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

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**



02072005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DEXTER, JANE
480 SW 49 TERRACE
POMPAÑO BEACH, FL 33068**

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEXTER, JANE
STREET ADDRESS	480 SW 49 TERRACE
CITY-ST-ZIP	MARGATE, FL
TITLE	VPD
NAME	MAGLI, BARBARA
STREET ADDRESS	840 SW 49 TERRACE
CITY-ST-ZIP	MARGATE, FL
TITLE	VPD
NAME	BECKY SADLER
STREET ADDRESS	610 SW 55TH AVE.
CITY-ST-ZIP	MARGATE, FL
TITLE	TD
NAME	AFTERBACK, JIM
STREET ADDRESS	4955 NW 10 STREET
CITY-ST-ZIP	POMPAÑO BEACH, FL 33063
TITLE	SD
NAME	JENKINS, ELLEN
STREET ADDRESS	6625 NW 1 COURT
CITY-ST-ZIP	MARGATE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80038-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/07/05 (954) 765-0747