

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732943

FILED
Apr 27, 2009
Secretary of State

Entity Name: MARGATE ATHLETIC ASSOCIATION, INC

Current Principal Place of Business:

P. O. BOX 934705
MARGATE, FL 330934705 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 934705
MARGATE, FL 330934705 US

New Mailing Address:

FEI Number: 59-2414299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEXTER, JANE
480 SW 49 TERRACE
MARGATE, FL 33068 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: DEXTER, JANE
Address: 480 SW 49 TERRACE
City-St-Zip: MARGATE, FL 33068 US

Title: VPD () Delete
Name: MAGLI, BARBARA
Address: 840 SW 49 TERRACE
City-St-Zip: MARGATE, FL 33068 US

Title: VPD () Delete
Name: SADLER, BECKY
Address: 610 SW 55 AVE
City-St-Zip: MARGATE, FL 33068 US

Title: TD () Delete
Name: AFFLERBACK, JIM
Address: 4955 NW 10 STREET
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: SD () Delete
Name: JENKINS, ELLEN
Address: 3981 CARAMBOLA CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: JIM AFFLERBACK

TD

04/27/2009

Electronic Signature of Signing Officer or Director

Date