

N10000005990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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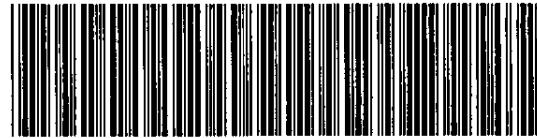
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: City of Margate Recreation Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N10000005990

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Jones

Name of Contact Person

City of Margate Parks and Recreation

Firm/Company

6199 NW 10th Street

Address

Margate, FL 33063

City/State and Zip Code

majones@margatefl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Jones

Name of Contact Person

at (**954**) **972-6458**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2017

CITY OF MARGATE, FL
FINANCE DEPARTMENT
5790 MARGATE BOULEVARD
MARGATE, FL 33063-3614

SUBJECT: THE CITY OF MARGATE RECREATION FOUNDATION, INC.
Ref. Number: N10000005990

We have received your document for THE CITY OF MARGATE RECREATION FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We received the attached check without any support documents so we do not know what this check is for. Please return with the proper filing application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 017A00004900

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17 MAR 24 PM 4:13

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE CITY OF MARGATE RECREATION FOUNDATION, INC.
2. The principal office address: 5790 MARGATE BLVD.
MARGATE, FL 33063
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JUNE 21, 2010 Document number: N10000005990

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

~~EUGENE~~ EUGENE M. STEINFELD
5790 MARGATE, FL 33063
(RESIGNED)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DOUGLAS R. GONZALES
5790 MARGATE, FL 33063

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

MICHAEL A. JONES - EXECUTIVE DIRECTOR
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

3/7/17
Date

If signing on behalf of an entity:

Douglas R. Gonzales
Typed or Printed Name

*** FILING FEE: \$35.00 ***

FILED
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DIVISION OF CORPORATIONS
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