

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000000727 (5)**

1. Corporation Name

MARGATE YOUTH KHOURY LEAGUE, INC.



| | | | | | |
|--|--|---|--|--|--|
| Principal Place of Business 8701 CLEARY BLVD. PLANTATION FL 33324 | | Mailing Address P.O. BOX 4004 MARGATE FL 33063 | | 3. Date Incorporated or Qualified 02/12/1996 | |
| 2. Principal Place of Business 21 6720 NW 6TH ST Suite, Apt. #, etc. | | 2a. Mailing Address 26 PO BOX 934294 Suite, Apt. #, etc. | | 4. FEI Number 58-2189096 Applied For Not Applicable | |
| 22 City & State 23 MARGATE, FL | | 27 City & State 28 MARGATE FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip 33068 | | 29 Zip 33093 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 Country USA | | 30 Country USA | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | 10. Name and Address of New Registered Agent | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent ALLOGIA, ANTHONY 8701 CLEARY BLVD. PLANTATION FL 33324 | | 81 Name DALE EDWORTHY | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) 6720 NW 6TH STREET | |
| | | 83 | |
| | | 84 City MARGATE FL 85 Zip Code 33068 | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Dale Edworthy* DATE **2/10/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD SLAUGHTER, RON 8327 SW 1ST ST MARGATE FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VD EDWORTHY, DALE 6720 NW 8TH ST MARGATE FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | SD RESENBERG, KEN 6250 NW 18TH ST MARGATE FL | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | SD TRAVSCHT, LORE |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | TD BERKHEIMER, EDWARD R. 4601 CEDARHILL ROAD COCONUT CREEK FL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward R. Berkheimer* DATE: **2-10-98** 964 923-1311

CR25037 (1097)