

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

61.25
8.75
70.00

DOCUMENT # 703489 (5)
1. Corporation Name
RIVERVIEW METHODIST CHURCH OF ORMOND BEACH, FLA. INC.



Principal Place of Business Mailing Address
2253 JOHN ANDERSON DR ORMOND BEACH FL 32176-9838

21	22	23	24	25	26	27	28	29	30
Principal Place of Business		Suite, Apt. #, etc.		City & State	Mailing Address		Suite, Apt. #, etc.		City & State
Zip		Country	Zip		Country		Zip		Country

3. Date Incorporated or Qualified 01/23/1962	3a. Date of Last Report 01/30/1995
4. FEI Number 59-1149255	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SHARE, FRED, ESQ
1092 RIDGEWOOD AVE
HOLLY HILL FL 32117

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)		City	Zip Code
				FL

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PCD	<input type="checkbox"/>
NAME	DIPARDO, T.	
STREET ADDRESS	431 TRITON ROAD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VPC	<input type="checkbox"/>
NAME	YOCUM, MARY	
STREET ADDRESS	10 POINSETTIA DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SAB	<input type="checkbox"/>
NAME	SMERGLIA, EULA	
STREET ADDRESS	25 SAN JOSE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TD	<input type="checkbox"/>
NAME	ALLEN, DARLENE	
STREET ADDRESS	14 RAYMONDE CIRCLE.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	CBD	<input checked="" type="checkbox"/>
NAME	TOMCZAK, THOMAS	
STREET ADDRESS	101-1 TOWN & COUNTRY LN	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SBT	<input checked="" type="checkbox"/>
NAME	MANCUYAS, NATIVIDAD	
STREET ADDRESS	33 RIVOCEAN DR	
CITY-ST-ZIP	ORMMOND BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DATE
1.1 TITLE		
1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	John Hughes	
5.3 STREET ADDRESS	10 Smugglers Cove	
5.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	SBT Willard Carpenter	
6.3 STREET ADDRESS	3644 S. Central Avenue	
6.4 CITY-ST-ZIP	Flagler Beach, FL 32136	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Darlene Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Darlene Allen

1/31/96 441-6865
Date Daytime Phone #

CR2E037 (12/95)