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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 2253 JOHN ANDERSON DR ORMOND BEACH FL 32176-2838

3. Date Incorporated or Qualified 01/23/1962 3a. Date of Last Report 02/06/1996
4. FEI Number 59-1149255 Applied For Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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) DATE

12. OFFICERS AND DIRECTORS
TITLE PCD [] DELETE
NAME DIPARDO, T.
STREET ADDRESS 431 TRIFON ROAD
CITY-ST-ZIP ORMOND BEACH FL
TITLE VPC [] DELETE
NAME YOCHUM, MARY
STREET ADDRESS 10 POINSETTIA DRIVE
CITY-ST-ZIP ORMOND BEACH FL
TITLE SAB [] DELETE
NAME SMERGLIA, EULA
STREET ADDRESS 25 SAN JOSE DRIVE
CITY-ST-ZIP ORMOND BEACH FL
TITLE TD [] DELETE
NAME ALLEN, DARLENE
STREET ADDRESS 14 RAYMONDE CIRCLE.
CITY-ST-ZIP ORMOND BEACH FL
TITLE CBD [] DELETE
NAME HUGHES, JOHN
STREET ADDRESS 10 SUMMGLERS COVE
CITY-ST-ZIP ORMOND BEACH FL
TITLE SBT [] DELETE
NAME CARPENTER, WILLARD
STREET ADDRESS 3844 SOUTH CENTRAL AVENUE
CITY-ST-ZIP FLOLER BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [X] Change [] Addition
1.2 NAME Deveny, Ruth
1.3 STREET ADDRESS 1000 Walker St. # 63
1.4 CITY-ST-ZIP Holly Hill, FL 32117
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME 800002074658
4.3 STREET ADDRESS -01/31/97--01009--045
4.4 CITY-ST-ZIP ***70.00
5.1 TITLE [X] Change [] Addition
5.2 NAME Tiffany, Larrie
5.3 STREET ADDRESS 21 Pinta St.
5.4 CITY-ST-ZIP Ormond Beach, FL 32176
6.1 TITLE [X] Change [] Addition
6.2 NAME Cooke, Louise
6.3 STREET ADDRESS 15 Sea Harbor Dr. W.
6.4 CITY-ST-ZIP Ormond Beach, FL 32176

14. I do 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: Darlene A. Allen Darlene Allen 1/22/97 904-441-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003578

CR2E037 (9/96)