

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703489 (5)

1. Corporation Name
RIVERVIEW METHODIST CHURCH OF ORMOND BEACH, FLA. INC.



Principal Place of Business 2253 JOHN ANDERSON DR ORMOND BEACH FL 32176-9838	Mailing Address 2253 JOHN ANDERSON DR ORMOND BEACH FL 32176-9838
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3. Date Incorporated or Qualified 01/23/1962	
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	
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	Country 25	Country 30
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9. Name and Address of Current Registered Agent SHARE, FRED, ESO 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD DEVENY, RUTH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000 WALKER ST. #83	1.2 NAME	
STREET ADDRESS	HOLLY HILL FL 32117	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPC YOCUM, MARY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 POINSETTIA DRIVE	2.2 NAME	Richard Meadows
STREET ADDRESS	ORMOND BEACH FL	2.3 STREET ADDRESS	56 Oak View Circle
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ormond Beach, Fla 32176
TITLE	SAB SMERGLIA, EULA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25 SAN JOSE DRIVE	3.2 NAME	
STREET ADDRESS	ORMOND BEACH, FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD ALLEN, DARLENE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 RAYMONDE CIRCLE.	4.2 NAME	David D. Copeland
STREET ADDRESS	ORMOND BEACH FL	4.3 STREET ADDRESS	21 Sunrise Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ormond Beach, Florida 32176
TITLE	CBD TIFFANY, LARRIE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	21 PINTA ST.	5.2 NAME	
STREET ADDRESS	ORMOND BEACH FL 32176	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SBT COOK, LOUISE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15 SEA HARBOR DR. W.	6.2 NAME	
STREET ADDRESS	ORMOND BEACH FL 32176	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: *Ruth Deveny* Ruth Deveny 4/27/98 (904) 441-1622

CF2E037 (10/97)