FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703489

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 32176-9838

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/23/1962
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1149255 — Applied For / Not Applicable
23 City & State	28 City & State	5. Certifcate of Status Desired ☒ — $8.75 Additional Fee Required
24 Zip — 25 Country	29 Zip — 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
SHARE, FRED, ESQ 1092 RIDGEWOOD AVE HOLLY HILL FL 32117	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PCD NAME DEVENY, RUTH STREET ADDRESS 1000 WALKER ST. #63 CITY-ST-ZIP HOLLY HILL FL 32117	☒ DELETE	1.1 TITLE PCD 1.2 NAME Sperry, Len 1.3 STREET ADDRESS 908 Woodstream Lane 1.4 CITY-ST-ZIP Ormond Beach, FL 32174	☒ Change	☐ Addition
TITLE VC NAME MEADOWS, RICHARD STREET ADDRESS 56 OAK VIEW CIR CITY-ST-ZIP ORMOND BEACH FL 32176	☒ DELETE	2.1 TITLE VC 2.2 NAME Carpenter, Ray 2.3 STREET ADDRESS 3600 Ocean Shore Blvd., #213 2.4 CITY-ST-ZIP Flagler Beach, FL 32136	☒ Change	☐ Addition
TITLE SAB NAME SMERGLIA, EULA STREET ADDRESS 25 SAN JOSE DRIVE CITY-ST-ZIP ORMOND BEACH, FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	☐ Addition
TITLE TD NAME COPELAND, DAVID D STREET ADDRESS 21 SUNRISE DR CITY-ST-ZIP ORMOND BEACH FL 32176	☒ DELETE	4.1 TITLE TD 4.2 NAME Steinmann, Tiffany 4.3 STREET ADDRESS 6 Rivocean Drive 4.4 CITY-ST-ZIP Ormond Beach, FL 32176	☒ Change	☐ Addition
TITLE CBD NAME TIFFANY, LARRIE STREET ADDRESS 21 PINTA ST. CITY-ST-ZIP ORMOND BEACH FL 32176	☒ DELETE	5.1 TITLE CBD 5.2 NAME Johnson, Charles 5.3 STREET ADDRESS 4 Water Oak Circle 5.4 CITY-ST-ZIP Ormond Beach, FL 32176	☒ Change	☐ Addition
TITLE SBT NAME COOK, LOUISE STREET ADDRESS 15 SEA HARBOR DR. W. CITY-ST-ZIP ORMOND BEACH FL 32176	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change	☐ Addition

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, with all other like empowered.

SIGNATURE: _____   1-14-99   904-44-1623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)