

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90071 040 \*\*\*\*61.25

**DOCUMENT # 703489**

1. Entity Name  
**RIVERVIEW METHODIST CHURCH OF ORMOND BEACH, FLA.**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1149255</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SHARE, FRED, ESQ</b> <b>1092 RIDGEWOOD AVE</b> <b>HOLLY HILL FL 32117</b>				Name <b>DAVID D. COPELAND</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>21 SUNRISE AVE.</b>			
				City <b>ORMOND BEACH</b>		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *David D. Copeland* **DAVID D. COPELAND** **TREASURER** DATE **4/10/01**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD DIPARDO, ANTHONY</b> <b>431 TRITON ROAD</b> <b>ORMOND BEACH FL 32176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC CARPENTER, RAY</b> <b>3600 OCEAN SHORE BLVD #213</b> <b>FLAGLER BCH FL 32136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAB SMERGLIA, EULA</b> <b>25 SAN JOSE DRIVE</b> <b>ORMOND BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD COPELAND, DAVID</b> <b>21 SUNRISE AVENUE</b> <b>ORMOND BEACH FL 32176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CBD STEINMANN, GENO</b> <b>6 RIVOCEAN DRIVE</b> <b>ORMOND BEACH FL 32176</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CBD ROBERT KUBALEK 10 WINDING WOODS TRAIL ORMOND BEACH, FL 32174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SBT COOK, LOUISE</b> <b>15 SEA HARBOR DR. W.</b> <b>ORMOND BEACH FL 32176</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SBT MARY Mc DANIEL 5 BAY POINT DR. ORMOND BEACH, FL 32174</b>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David D. Copeland* **DAVID D. COPELAND** DATE **4/10/01** DAYTIME PHONE # **386-441-7950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)