

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0002222

04-09-2002 90028 007 ****61.25

DOCUMENT # 703489

1. Entity Name

RIVERVIEW METHODIST CHURCH OF ORMOND BEACH, FLA. INC.

Principal Place of Business

Mailing Address

**2253 JOHN ANDERSON DR
 ORMOND BEACH FL 32176-9638**

**2253 JOHN ANDERSON DR
 ORMOND BEACH FL 32176-9638**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1149255

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COPELAND, DAVID D
 21 SUNRISE AVENUE
 ORMOND BEACH FL 32176**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCD	<input type="checkbox"/> Delete
NAME	DIPARDO, ANTHONY	
STREET ADDRESS	431 TRITON ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CARPENTER, RAY	
STREET ADDRESS	3600 OCEAN SHORE BLVD #213	
CITY-ST-ZIP	FLAGLER BCH FL 32136	
TITLE	SAB	<input type="checkbox"/> Delete
NAME	SMERGLIA, EULA	
STREET ADDRESS	25 SAN JOSE DRIVE	
CITY-ST-ZIP	ORMOND BEACH. FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COPELAND, DAVID	
STREET ADDRESS	21 SUNRISE AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	CBD	<input type="checkbox"/> Delete
NAME	KUEBLER, ROBERT	
STREET ADDRESS	10 WINDING WOODS TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	SBT	<input type="checkbox"/> Delete
NAME	MCDANIEL, MARY	
STREET ADDRESS	5 BAY POINTE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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** 4/1/02 386 441-1627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)