


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90466 026 \*\*\*\*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 32176-9838**      **2253 JOHN ANDERSON DR  
ORMOND BEACH FL 32176-9838**

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      Applied For  
**59-1149255**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

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 **CAROL J. COTZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**420 LAKEBRIDGE PLAZA DR.  
APT. 707**  
City **ORMOND BEACH** FL Zip Code **32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol J. Cotz* **CAROL J. COTZ TREASURER**      4-12-06  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	DIPARDO, ANTHONY	
STREET ADDRESS	431 TRITON ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, RAY	
STREET ADDRESS	3600 OCEAN SHORE BLVD #213	
CITY-ST-ZIP	FLAGLER BCH FL 32136	
TITLE	SAB	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, MICHELLE	
STREET ADDRESS	21 SUNRISE AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, DAVID	
STREET ADDRESS	21 SUNRISE AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	CBD	<input checked="" type="checkbox"/> Delete
NAME	JONES, LLOYD	
STREET ADDRESS	34 CAPISTRANO DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	SBT	<input checked="" type="checkbox"/> Delete
NAME	MCDANIEL, MARY	
STREET ADDRESS	5 BAY POINTE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Chairman, Trustees	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Pierce	
STREET ADDRESS	25 Silk Oaks Drive	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Miller	
STREET ADDRESS	823 Lucerne Circle	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eleanor Hanson	
STREET ADDRESS	8 Raymonde Circle	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Jaspers	
STREET ADDRESS	160 Ocean Terrace	
CITY-ST-ZIP	Ormond Beach FL 32176	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doris Chinn	
STREET ADDRESS	1335 Fleming Ave., Lot 27	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Hammond	
STREET ADDRESS	1 St. Mark's Circle	
CITY-ST-ZIP	Ormond Beach FL 32176	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Carol J. Cotz*      4-12-06      386-441-1622

