

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703489

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2253 JOHN ANDERSON DR  
ORMOND BEACH, FL 321762838

**New Principal Place of Business:**

**Current Mailing Address:**

2253 JOHN ANDERSON DR  
ORMOND BEACH, FL 321762838

**New Mailing Address:**

**FEI Number:** 59-1149255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTZ, CAROL J  
420 LAKEBRIDGE PLAZA DR  
APT #707  
ORMOND BEACH, FL 32174 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** C  
**Name:** DIPARDO, ANTHONY  
**Address:** 441 TRITON ROAD  
**City-St-Zip:** ORMOND BEACH, FL 32176

**Title:** T  
**Name:** STRONG, BOB  
**Address:** 12 OCEAN BREEZE CIRCLE  
**City-St-Zip:** ORMOND BEACH, FL 32176

**Title:** T  
**Name:** METZGER, NANCY  
**Address:** 4 SEA HAWK DR  
**City-St-Zip:** ORMOND BEACH, FL 32176

**Title:** T  
**Name:** MCKENZIE, MAURICE  
**Address:** 31 LONGFELLOW CIR  
**City-St-Zip:** ORMOND BEACH, FL 32176

**Title:** T  
**Name:** CHINN, DORIS  
**Address:** 1335 FLEMING AVE LOT 27  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** T  
**Name:** SCHAEFER, NEAL  
**Address:** 108 PELICAN DUNES DRIVE  
**City-St-Zip:** ORMOND BEACH, FL 32176

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CAROL J. COTZ

RA

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date