

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26805 (4)
1. Corporation Name
MONTICELLO CHURCH OF THE NAZARENE, INC.



Principal Place of Business	Mailing Address
U.S. 19 NORTH P.O. BOX 668 MONTICELLO FL 32344	U.S. 19 NORTH P.O. BOX 668 MONTICELLO FL 32344

3. Date Incorporated or Qualified 06/06/1988	3a. Date of Last Report 04/26/1995
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number 59-2696201	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SHARPES, SCOTT E
1285 MAGNOLIA
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

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: *Scott E. Sharpes* 4-19-96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> DELETE
NAME	DURST, JOHN	
STREET ADDRESS	RT 2 BOX 244-B N/A	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RUTH, BILL	
STREET ADDRESS	P.O. BOX 713	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	MIMS, CHARLIE	
STREET ADDRESS	RT 2 BOX 244	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORBIN, LEE	
STREET ADDRESS	P.O. BOX 863	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHARPES, SCOTT E	
STREET ADDRESS	1285 MAGNOLIA	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	YVONNE MEDIATE
2.4 CITY-ST-ZIP	RR.2, BOX 151-D MONTICELLO, FL 32344
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TR
4.3 STREET ADDRESS	DALE CLECKNER
4.4 CITY-ST-ZIP	RR 2, BOX 218-AA MONTICELLO, FL 32344
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 amendment with an address.

SIGNATURE: *Scott E. Sharpes* 4-19-96 997-3906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)