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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26805** (4)
1. Corporation Name
MONTICELLO CHURCH OF THE NAZARENE, INC.

Principal Place of Business U.S. 19 NORTH P.O. BOX 668 MONTICELLO FL 32344	Mailing Address U.S. 19 NORTH P.O. BOX 668 MONTICELLO FL 32344
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/06/1988	4. FEI Number 58-2696201	Applied For <input type="checkbox"/> Not Applicable
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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TR
NAME	DURST, JOHN
STREET ADDRESS	RT 2 BOX 244-B N/A
CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	S
NAME	MEDIATE, ROY
STREET ADDRESS	RR 2 BOX 151-D
CITY-ST-ZIP	MONTICELLO FL
TITLE	TR
NAME	MIMS, CHARLIE
STREET ADDRESS	RT 2 BOX 244
CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	TR
NAME	CLECKNER, DALE
STREET ADDRESS	RR 2 BOX 218-AA
CITY-ST-ZIP	MONTICELLO FL
TITLE	P
NAME	SHARPES, SCOTT E
STREET ADDRESS	1285 MAGNOLIA
CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	S
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TR
2.2 NAME	MCKNIGHT, SHANE
2.3 STREET ADDRESS	RR 4, BOX 40380
2.4 CITY-ST-ZIP	MONTICELLO FL 32344
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 attachment with an address.

SIGNATURE: **Scott E. Sharpes** *Scott E. Sharpes* April 21, 1998 997-3906

CR2E037 (10/97)