


FILE NOW: FILING FEE IS \$61.25

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90032 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26805

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	2a. Mailing Address	3. Date Incorporated or Qualified 06/06/1988
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2696201
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHARPES, SCOTT E 1285 MAGNOLIA MONTICELLO FL 32344		81. Name DODSON, JOHN W.	85. Zip Code 32344
		82. Street Address (P.O. Box Number is Not Acceptable) 1285 MAGNOLIA AVE.	
		83. City	
		84. City MONTICELLO	

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 *John W. Dodson* **John W. Dodson** DATE **3/16/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURST, JOHN	1.2 NAME	
STREET ADDRESS	RT 2 BOX 244-B N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	1.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, SHANE	2.2 NAME	
STREET ADDRESS	RR 4 BOX 40380	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	2.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIMS, CHARLIE	3.2 NAME	
STREET ADDRESS	RT 2 BOX 244	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	3.4 CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLECKNER, DALE	4.2 NAME	
STREET ADDRESS	RR 2 BOX 218-AA	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPES, SCOTT E	5.2 NAME	DODSON, JOHN W.
STREET ADDRESS	1285 MAGNOLIA	5.3 STREET ADDRESS	1285 MAGNOLIA AVE.
CITY-ST-ZIP	MONTICELLO FL 32344	5.4 CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *John W. Dodson* **John W. Dodson** DATE **3/16/99** DAYTIME PHONE # **850-997-3906**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)