

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26805

1. Entity Name

MONTICELLO CHURCH OF THE NAZARENE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90108 027 ****61.25

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 32345-0668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2696201

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DODSON, JOHN W
1285 MAGNOLIA
MONTICELLO FL 32344

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **S**
DURST, JOHN
 STREET ADDRESS **RT 2 BOX 244-B N/A**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR**
MCKNIGHT, SHANE
 STREET ADDRESS **RR 4 BOX 40380**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR**
MIMS, CHARLIE
 STREET ADDRESS **RT 2 BOX 244**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR**
CLECKNER, DALE
 STREET ADDRESS **RR 2 BOX 218-AA**
 CITY-ST-ZIP **MONTICELLO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
DODSON, JOHN W
 STREET ADDRESS **1285 MAGNOLIA**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

John W. Dodson
REQUIRED W. DODSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00
 Date

850-997-3906
 Daytime Phone #

CR2E037 (9/99)