

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0015464

DOCUMENT # N26805

1. Entity Name

MONTICELLO CHURCH OF THE NAZARENE, INC.

05-03-2001 90082 023 ****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 32344

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



DO NOT WRITE IN THIS SPACE

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

TITLE NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

850-997-3906

Daytime Phone #

CR2E037 (10/00)