

2002 UNIFORM BUSINESS REPORT (UBR)

0061912

DOCUMENT # N26805

1. Entity Name

MONTICELLO CHURCH OF THE NAZARENE, INC.

APPROVED
AND
FILED

02 JUL -1 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

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

Zip Code

8. The above named entity submits this statement for the

registered agent, or both, in the state of Florida.

07/02/02--01047--001

*****61.25 *****61.25

SIGNATURE

Signature, typed or printed name of registered agent and

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

TITLE ☒ Change ☐ Addition
NAME P.O. Box 1083
STREET ADDRESS Monticello, FL 32345
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME 345 Mims Rd.
STREET ADDRESS Monticello, FL 32344
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME 1541 West Lake Rd.
STREET ADDRESS Monticello, FL 32344
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME 553 Jefferson Heights Rd.
STREET ADDRESS Monticello, FL 32344
CITY-ST-ZIP

TITLE P ☐ Delete
NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/02

850-997-3906

Date

Daytime Phone #

CR2E037 (9/01)