2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26805

FILED May 17, 2004 Secretary of State

Entity Name: MONTICELLO CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business: 1590 N JEFFERSON STREET MONTICELLO, FL 32344 **Current Mailing Address: New Mailing Address:** 1590 N JEFFERSON STREET MONTICELLO, FL 32344 FEI Number: 59-2696201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DODSON, JOHN W 1285 MAGNOLIA MONTICELLO, FL 32344 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DURST, JOHN HOLT, CAROLYN Name: Name: P.O. BOX 1083 Address: 4541 N. JEFFERSON ST. Address: City-St-Zip: MONTICELLO, FL 32345 City-St-Zip: MONTICELLO, FL 32344 US Title: () Delete Title: (X) Change () Addition Name: MCKNIGHT, SHANE Name: MARTIN, JEFF Address: 345 MIMS RD. Address: 26 ABERDENE LA City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: MONTICELLO, FL 32344 US Title: () Delete Title: () Change () Addition MIMS, CHARLIE Name: Name: 1541 WEST LAKE RD. Address: Address: City-St-Zip: MONTICELLO, FL 32344 US City-St-Zip: Title: TR () Delete Title: () Change () Addition Name: CLECKNER, DALE Name: 553 JEFFERSON HEIGHTS RD. Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip: Title: Title: () Delete () Change () Addition DODSON, JOHN W Name: Name: 1285 MAGNOLIA Address: Address: City-St-Zip: MONTICELLO, FL 32344 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. DODSON PRES 05/17/2004