

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26805

Entity Name: MONTICELLO CHURCH OF THE NAZARENE, INC.**Current Principal Place of Business:**1590 N JEFFERSON STREET
MONTICELLO, FL 32344**Current Mailing Address:**1590 N JEFFERSON STREET
MONTICELLO, FL 32344**FEI Number:** 59-2696201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GROSVENOR, SHAWN R REV.
1285 MAGNOLIA AVE.
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:** SHAWN GROSVENOR

08/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CLECKNER, JUDI
Address 553 JEFFERSON HEIGHTS RD.
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR OF YOUTH
Name FREELAND, JASON
Address 3664 AVALON RD
City-State-Zip: LAMONT FL 32326

Title PRESIDENT AND PASTOR
Name GROSVENOR, SHAWN
Address 1285 MAGNOLIA AVE.
City-State-Zip: MONTICELLO FL 32344

Title PASTOR AND VICE PRESIDENT
Name GROSVENOR, BETHANY
Address 1285 MAGNOLIA AVE.
City-State-Zip: MONTICELLO FL 32344

Title DIRECTOR OF LOCAL OUTREACH
Name MATHES , PEGGY
Address 66 MEDIATE RD.
City-State-Zip: MONTICELLO FL 32344

Title STEWARD
Name BOWLING, TAMMY
Address 472 LAKE RD
City-State-Zip: MONTICELLO FL

Title STEWARD
Name MIMS, MARTI
Address 1541 W. LAKE RD
City-State-Zip: MONTICELLO FL 32344

Title TRUSTEE
Name MCNAUGHTON, JERRY
Address ROBIN RD
City-State-Zip: MONTICELLO FL 32344

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I hereby 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 all other like empowered.

SIGNATURE: SHAWN GROSVENOR

PASTOR

08/12/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	STEWARD
Name	WAINRIGHT, SAMANTHA
Address	HATCHETT RD
City-State-Zip:	MONTICELLO FL 32344