

2019 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

06/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name MILLER, GIBBES
Address 1410 E. PEARL ST
City-State-Zip: MONTICELLO FL 32344

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 SECRETARY
Name WICHMANN, MORGAN
Address 86 TECUMSEH
City-State-Zip: MONTICELLO FL 32344

Title TRUSTEE
Name WICHMANN, STEVEN
Address 86 TECUMSEH ST.
City-State-Zip: MONTICELLO FL

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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 AND PRESIDENT 06/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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