FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 APR 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26805 (4)

1. Corporation Name
MONTICELLO CHURCH OF THE NAZARENE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1988
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2696201 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SHARPES, SCOTT E
1285 MAGNOLIA
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Tr ☒ Change ☐ Addition
NAME	DURST, JOHN	12 NAME	
STREET ADDRESS	RT 2 BOX 244-B N/A	13 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	RUTH, BILL	22 NAME	600001467246
STREET ADDRESS	P.O. BOX 713	23 STREET ADDRESS	-04/27/95--01101--015
CITY-ST-ZIP	MONTICCELLO FL 32345	24 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	STOUTAMIRE, REBECCA P.	32 NAME	
STREET ADDRESS	935 W. WASHINGTON	33 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	Tr ☐ Change ☒ Addition
NAME	CORBIN, LEE	42 NAME	MIMS, CHARLIE
STREET ADDRESS	P.O. BOX 863	43 STREET ADDRESS	RT 2, BOX 244
CITY-ST-ZIP	MONTICELLO FL 32345	44 CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	SHARPES, SCOTT E	52 NAME	
STREET ADDRESS	1285 MAGNOLIA	53 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

DR V-26

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott E. Sharpes SCOTT E. SHARPES 4-12-95 904-997-3906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000#110