2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N26805

Entity Name: MONTICELLO CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

1590 N JEFFERSON STREET
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

1590 N JEFFERSON STREET
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 59-2696201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DODSON, JOHN W
1285 MAGNOLIA
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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:

Title: S ( ) Delete
Name: HOLT, CAROLYN
Address: 4541 N. JEFFERSON ST.
City-St-Zip: MONTICELLO, FL 32344 US

Title: TR ( ) Delete
Name: MARTIN, JEFF
Address: 26 ABERDENE LA
City-St-Zip: MONTICELLO, FL 32344 US

Title: TR ( ) Delete
Name: MIMS, CHARLIE
Address: 1541 WEST LAKE RD.
City-St-Zip: MONTICELLO, FL 32344 US

Title: TR ( ) Delete
Name: CLECKNER, DALE
Address: 553 JEFFERSON HEIGHTS RD.
City-St-Zip: MONTICELLO, FL 32344

Title: P ( ) Delete
Name: DODSON, JOHN W
Address: 1285 MAGNOLIA
City-St-Zip: MONTICELLO, FL 32344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 P 05/04/2005

Electronic Signature of Signing Officer or Director — Date