

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702464

**Entity Name:** THE CHURCH OF THE NAZARENE, INCORPORATED, OF ZEPHYRHILLS, FLORIDA

**Current Principal Place of Business:**

6151 12TH STREET  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

6151 12TH STREET  
ZEPHYRHILLS, FL 33542

**FEI Number: 59-1278046**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DEFORD, NICHOLAS A  
38447 18TH STREET  
ZEPHYRHILLS, FL 33542 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: NICHOLAS DEFORD**

**04/01/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CHAIRMAN, PASTOR  
Name            DEFORD, NICHOLAS A  
Address        38447 18TH STREET  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            OFFICER  
Name            SHAY, BRENDA  
Address        4625 WISTERIA DRIVE  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            OFFICER  
Name            BOSWORTH , ELDEN  
Address        36550 ALTHEA LANE  
City-State-Zip: ZEPHYRHILLS FL 33541

Title            SECRETARY  
Name            GUTHRIE-HARRIGAN, MICHELLE  
Address        8441 23RD STREET  
City-State-Zip: ZEPHYRHILLS FL 33540

Title            OFFICER  
Name            BARKER, ELAINE  
Address        11001 NORTH OREGON AVENUE  
City-State-Zip: TAMPA FL 33612

Title            OFFICER  
Name            BISSETT, RACHEL  
Address        39144 HEIGHTS AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33542

Title            TREASURER  
Name            TOMLINSON, DEBBIE  
Address        38508 MALLARD CT  
City-State-Zip: DADE CITY FL 33525

*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: NICHOLAS DEFORD**

**PASTOR**

**04/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date