

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766771

**FILED**  
**Mar 07, 2017**  
**Secretary of State**  
**CC0533021902**

**Entity Name:** PORT RICHEY LIVING FAITH COMMUNITY CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

11038 LITTLE RD  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

11038 LITTLE RD  
NEW PORT RICHEY, FL 34654

**FEI Number: 59-1699970**

**Certificate of Status Desired: No**

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

BRANNON, JAMES D  
6909 TIERRA LINDA STREET  
PORT RICHEY, FL 34668 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BRANNON, JAMES D  
Address 6909 TIERRA LINDA STREET  
City-State-Zip: PORT RICHEY FL 34668

Title T  
Name VANDEBORNE, GARY  
Address 7745 PROSPECT HILL CIRCLE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title T  
Name KEMP, DAVID K  
Address 11015 SALT TREE DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title T  
Name SHINN, LARRY  
Address 10901 FEDERAL DRIVE  
City-State-Zip: PORT RICHEY FL 34468

Title CD  
Name JOHNS, LAURA  
Address 4454 SAWGRASS BLVD  
City-State-Zip: NEW PORT RICHEY FL 34653

Title T  
Name VANDEBORNE, PHYLLIS  
Address 7745 PROSPECT HILL CIRCLE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title D  
Name CORUM, ROBBIE S  
Address 11820 KENT GROVE DRIVE  
City-State-Zip: SPRING HILL FL 34610

Title D  
Name BROWN, LINDA  
Address 9106 OUTPOST DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654

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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: PHYLLIS VANDEBORNE**

**TREASURER**

**03/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name PARKER, ROBERTA  
Address 5417 SHAW STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title MS  
Name ABNER, MIYAKO  
Address 11655 LINDEN DRIVE  
City-State-Zip: SPRING HILL FL 34608

Title Y.D.  
Name JOHNS, JOSHUA  
Address 4454 SAWGRASS BLVD.  
City-State-Zip: NEW PORT RICHEY FL 34653

Title S  
Name SWOGGER, MARY ANN  
Address 7229 MAGNOLIA VALLEY DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34653

Title S.S.  
Name PRITCHARD, WILLIAM  
Address 7751 OLDFIELD ROAD  
City-State-Zip: NEW PORT RICHEY FL 34653