

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766771

FILED
Mar 04, 2016
Secretary of State
CC0663030343

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 HEABERLIN, WILLIAM
Address 7806 LAKESIDE WOODLANDS DR.
City-State-Zip: HUDSON FL 34667

Title SS
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

03/04/2016

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

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