

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766771

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC5536970329**

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

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

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

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

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

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

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

Title STEWARD  
Name PARKER, ROBERTA  
Address 9324 OTTAWA STREET  
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**

**03/07/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name SWOGGER, MARY ANN  
Address 9412 NEW YORK AVE.  
LOT 116  
City-State-Zip: HUDSON FL 34667

Title SUNDAY SCHOOL SUPERINTENDENT  
Name PRITCHARD, WILLIAM  
Address 7751 OLDFIELD ROAD  
City-State-Zip: NEW PORT RICHEY FL 34653

Title TRUSTEE  
Name WILSON, KIRK  
Address 9412 NEW YORK AVE  
LOT 276  
City-State-Zip: HUDSON FL 34667

Title STEWARD  
Name VALDEZ, SHEILA  
Address 5919 EASTLAKE DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34653

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

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

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