

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766771

**FILED**  
**Feb 22, 2022**  
**Secretary of State**  
**7958320256CC**

**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:**

HOYT, TIMOTHY  
8026 SAYBROOK DRIVE  
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: TIMOTHY HOYT

02/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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 TREASURER  
Name JONES, WILLIAM  
Address 13460 AMANDA AVE  
City-State-Zip: SPRING HILL FL 34609

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

Title STEWARD  
Name WIPERT, BETTY  
Address 9604 STAR TRAIL  
City-State-Zip: NEW PORT RICHEY FL 34654

Title STEWARD  
Name BISUTTI, CAROL  
Address 8738 LATHAM DRIVE  
City-State-Zip: HUDSON FL 34667

Title STEWARD, TEMPORARY SECRETARY  
Name IRWIN, LINDA SUE  
Address 3745 MENDOCINO ST.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title YOUTH DIRECTOR  
Name PEYTON, JOEY  
Address 8207 RED CEDAR DRIVE  
City-State-Zip: PORT RICHEY FL 34668

*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: WILLIAM JONES

TREASURER

02/22/2022

Electronic Signature of Signing Officer/Director Detail

Date