2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #748811**

HEART OF MERCY COMMUNITY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

904 GRAND CAYMAN COURT POB 585006 35858 ORLANDO, FL 32835 US

Mailing Address

904 GRAND CAYMAN CT POB 585006 32858 ORLANDO, FL 32835 US

**FILED** Jul 01, 2004 08:00 AM Secretary of State



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03032003 No Chg-NP

CR2E037 (10/03)

4. FE! Number 59-1882831

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, MARGARET J. 904 GRAND CAYMAN CT ORLANDO, FL 32835

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8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
Filing Fee is \$61,25  9. Election Campaign Financ Due by September 8, 2004  Trust Fund Contribution.			elng 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, WILLIAM 2323 S. WESTMORE LANE DR ORLANDO, FL 32805				8888881 <b>2227</b> 5 =	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F COLEMAN, MARGARET 904 GRAND CAYMAN COURT ORLANDO, FL 32835			000000162975 = 00000000000000000000000000000000000		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V CREARY, DENNIS 1425 PINE CREST PL ORLANDO, FL 32803		DO NOT WRITE IN THIS SPACE			
title Name Street address Gity-St-Zip	T SIMMONS, MARY F. 4117 KALWIT LANE ORLANDO, FL 32808					
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment without address, with all other like empowered.						