


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 748811		
1. Entity Name 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
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLEMAN, MARGARET J. 904 GRAND CAYMAN CT ORLANDO, FL 32835		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, WILLIAM 2323 S. WESTMORE LANE DR ORLANDO, FL 32805	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F COLEMAN, MARGARET 904 GRAND CAYMAN COURT ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CREARY, DENNIS 1425 PINE CREST PL ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, MARY F. 4117 KALWIT LANE ORLANDO, FL 32808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 corporation 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 with an address, with all other like empowered.		
SIGNATURE: <u>William Andrews</u> 7/10/05 407-383-8628 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1882831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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07/15/05-80009-004 70.00

**DO NOT WRITE
IN THIS SPACE**