


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2006 08:00 AM**  
**Secretary of State**


**DOCUMENT # 748811**

1. Entity Name  
**HEART OF MERCY COMMUNITY CHURCH OF THE NAZARENE, INC.**



Principal Place of Business <b>904 GRAND CAYMAN COURT          POB 585006 35858          ORLANDO, FL 32835 US</b>	Mailing Address <b>904 GRAND CAYMAN CT          POB 585006 32858          ORLANDO, FL 32835 US</b>
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**DO NOT WRITE IN THIS SPACE**



07202006 No Chg-NP CR2E037 (4/06)

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	

U00000573250  
 08/03/06-80002-024 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *William Andrews* **7/23/06 (407)383-8628**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #