


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90063 012 ****61.25

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

40127583



2. Principal Place of Business - No P.O. Box #
1531 MERCY DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 585006
 Suite, Apt. #, etc.

07182007 Chg-NP CR2E037 (12/06)

City & State
ORLANDO, FLA.

City & State
ORLANDO, FLA.

Zip
32808

Country
ORANGE

Zip
32858

Country
ORANGE

4. FEI 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: William Andrews DATE: 7/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ANDREWS, WILLIAM	
STREET ADDRESS	2323 S. WESTMORE LANE DR	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	F	<input type="checkbox"/> Delete
NAME	COLEMAN, MARGARET	
STREET ADDRESS	904 GRAND CAYMAN COURT	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	V	<input type="checkbox"/> Delete
NAME	CREARY, DENNIS	
STREET ADDRESS	1425 PINE CREST PL	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, MARY F.	
STREET ADDRESS	4117 KALWIT LANE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 DATE: 7/25/07 (407)383-8628

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