

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748811

**Entity Name:** HEART OF MERCY COMMUNITY CHURCH OF THE NAZARENE, INC.**FILED**  
**Apr 24, 2025**  
**Secretary of State**  
**5271976840CC****Current Principal Place of Business:**1531 MERCY DRIVE  
ORLANDO, FL 32808**Current Mailing Address:**1531 MERCY DRIVE  
ORLANDO, FL 32808 US**FEI Number: 56-1882831****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COLEMAN, MARGARET J  
904 GRAND CAYMAN COURT  
ORLANDO, FL 32835 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PASTOR
Name	ANDREWS, WILLIAM
Address	2323 S. WESTMORELAND DR
City-State-Zip:	ORLANDO FL 32805

Title	CHURCH TREASURER
Name	COLEMAN, MARGARET
Address	904 GRAND CAYMAN COURT
City-State-Zip:	ORLANDO FL 32835

Title	OFFICER
Name	POSTELL, CYNTHIA
Address	WATCH HILL ROAD
City-State-Zip:	ORLANDO FL 32808

Title	CHURCH SECRETARY
Name	SULLIVAN, SHAUN
Address	5017 DANNY BOY CIRCLE
City-State-Zip:	ORLANDO FL 32808

Title	OFFICER
Name	LEWIS, JEROYAL
Address	2418 STRAKER CT
City-State-Zip:	ORLANDO FL 32811

Title	OFFICER
Name	MIDDLETON, JERRY
Address	1871 PARKGLEN CIRCLE
City-State-Zip:	APOPKA FL 32712

Title	OFFICER
Name	ANDREWS, ROSIE
Address	2323 WESTMORELAND DR
City-State-Zip:	ORLANDO FL 32805

Title	BOARD SECRETARY
Name	WILLIAMS, ROSA
Address	230 ROB ROY DR
City-State-Zip:	CLERMONT FL 34711

**Continues on page 2**

*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: MARGARET COLEMAN****TREASURER****04/24/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           OFFICER  
Name           POSTELL, JEROME  
Address        1701 LEE RD  
                  WINTER PARK #M420  
City-State-Zip: ORLANDO FL 32789

Title           OFFICER  
Name           WILLIAMS, DAMAION  
Address        230 ROB ROY DR  
City-State-Zip: CLERMONT FL 34711