2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2007 8:00 am
Secretary of State
07-27-2007 90006 031 ****61.25

DOCUMENT # N13000

1. Entity Name

THE CHURCH AT MERRILL ROAD, INC.

Principal Place of Business	Mailing Address
8300 MERRILL RD. JACKSONVILLE FL 32277 US	8300 MERRILL RD. JACKSONVILLE FL 32277 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2611851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HACKER, MACKINLEY PR 4578 CAPE SABLE CT JACKSONVILLE FL 32277	Name: MARK ELLER Street Address (P.O. Box Number is Not Acceptable): 3119 SANDHURST RD E City: JACKSONVILLE **FL** Zip Code: 32277

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 _____ 7-24-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR HACKER, MACKINLEY PR 4578 CAPE SABLE CT JACKSONVILLE FL 32277	☑ Delete	PR MARK ELLER 3119 SANDHURST RD E JACKSONVILLE, FLORIDA 32277	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ISON, PETE ST 3211 DONHURST ST JACKSONVILLE FL 32277	☐ Delete	ST JOHN HILLSMAN 8350 BRACKRIDGE BLVD S. JACKSONVILLE, FL 32216	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	S WILLIAM LANTRY 2428 SNOWY EGRET DR JACKSONVILLE, FL 32224	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Mark Eller 7-24-07 665-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #