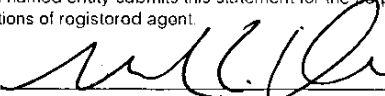
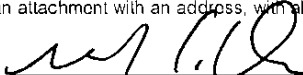


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 8300 MERRILL RD. JACKSONVILLE FL 32277 US			Mailing Address 8300 MERRILL RD. JACKSONVILLE FL 32277 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State 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 HACKER, MACKINLEY PR 4578 CAPE SABLE CT JACKSONVILLE FL 32277			7. Name and Address of New Registered Agent 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 (NOT: Registered Agent signature retained when reinstating) (DA)					
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	TITLE NAME STREET ADDRESS CITY ST ZIP	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	TITLE NAME STREET ADDRESS CITY ST ZIP	ST JOHN HILLSMAN 8350 BRACKRIDGE BLVD S. JACKSONVILLE, FL 32216	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S WILLIAM LANTRY 2428 SNOWY EGRET DR JACKSONVILLE, FL 32224	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ 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 E. Eller			7-24-07 665-2261 Date Daytime Phone #		