## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## 2007 OCT 29 PH 1:47 DOCUMENT # N13000 THE CHURCH AT MERRILL ROAD, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8300 MERRILL RD. 8300 MERRILL RD. JACKSONVILLE, FL 32277 US JACKSONVILLE, FL 32277 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09272007 Chg-NP CR2E037 (12/06) City & State City & State FEI Number 59-2611851 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IAM ELANTRY ELLER, MARK 3119 SANDHURST RD EAST JACKSONVILLE, FL 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 familier WILLIAM E. CANTRY (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete PRESIDENT TITLE TITLE Change Addition WILLIAM ELANTRY 2428 SNOWY EGRET DR ELLER, MARK NAME STREET ADDRESS 3119 SANDHURST RD EAST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP SECRETARY TREASURED WO SANDRA MILLS ST TITLE Delete Change ISON, PETE ST NAME NAME 1844 BANBURY RD 8350 BRACKRIDGE BLVD SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP JACKSON VILLE, VICE PRESIDEN' Change Addition TITLE ☐ Delete TITLE KIMBERLY DETUCCIO 4834 MARINERS POINT DR LANTRY, WILLIAM NAME 2428 SNOWY EGRET DR STREET ADORESS STREET ADDRESS JACKSONVILLE, FL JACKSONVILLE, FL 32224 CITY-ST-ZIP CHTY-ST-ZIP 32225 HILE Delete TITLE ☐ Change ☐ Addition 100111555031 10/31/07--01048--002 \*\*61 NAME NAME STREET ADDRESS STREET ADDRESS \*\*61.25 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 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.

ING OFFICER OR DIRECTOR

WILLIAM E. LANTRY 10-24-07

10/3000

FILED