

FILE NOW: FILING FEE IS \$61.25

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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001552 (5)**

1. Corporation Name

**MERRILL LAKE RETIREMENT COMMUNITY, INC.**



Principal Place of Business <b>8300 MERRILL ROAD JACKSONVILLE FL 32277</b>	Mailing Address <b>8300 MERRILL ROAD JACKSONVILLE FL 32277</b>
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3. Date Incorporated or Qualified <b>03/14/1997</b>	
4. FEI Number <b>59-3496280</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>FORCE, EVERETT E 8300 MERRILL ROAD JACKSONVILLE FL 32277</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83. City	
84. Zip Code	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>DIRECTOR, PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FORCE, EVERETT EUGENE</b>
1.3 STREET ADDRESS	<b>3630 E. BUCKSKIN TRAIL</b>
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32277</b>
2.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BRYANT, JEANETTE</b>
2.3 STREET ADDRESS	<b>2311 ARDMORE COURT</b>
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32211</b>
3.1 TITLE	<b>SECRETARY, TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>STEVENS, JOEL M.</b>
3.3 STREET ADDRESS	<b>10917 WAHINE DRIVE S.</b>
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32246</b>
4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>INMAN, DORIS</b>
4.3 STREET ADDRESS	<b>2047 UNIVERSITY BLVD. S.</b>
4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FLORIDA 32216</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Everett E. Force 2-18-98 904-745-9600

CF2E037 (10/97)