

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 25 AM 8:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 628657 (9)**

1. Corporation Name  
**THE DOWLING PARK VILLAGE SQUARE, INC.**

Principal Place of Business      Mailing Address

**ADVENT CHRISTIAN VILLAGE  
P O BOX 4327  
DOWLING PARK FL 32060**

**ADVENT CHRISTIAN VILLAGE  
P O BOX 4327  
DOWLING PARK FL 32060**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

**21 Advent Christian Village**      **26 Advent Christian Village**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**22 P. O. Box 4307**      **27 P. O. Box 4307**

City & State      City & State

**23 Dowling Park, Florida**      **28 Dowling Park, Florida**

Zip      Country      Zip      Country

**24 32060**      **25 Suwannee**      **29 32060**      **30 Suwannee**

3. Date Incorporated or Qualified      3a. Date of Last Report

**07/03/1979**      **04/14/1994**

4. FEI Number      Applied For

**59-2269083**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**MOXLEY, JOHN  
2320 NE 2 ST STE 4  
OCALA FL 32670**

10. Name and Address of New Registered Agent

**B1 Name**

**B2 Street Address (P.O. Box Number is Not Acceptable)**

**B3**

**B4 City**      **B5 Zip Code**

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, J.POMEROY	12 NAME	
STREET ADDRESS	ROUTE 9, BOX 120	13 STREET ADDRESS	
CITY - ST - ZIP	LIVE OAK FL	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENCK, JAMES A.	22 NAME	
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	23 STREET ADDRESS	
CITY - ST - ZIP	DOWLING PARK FL	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMBLES, JAMES L.	32 NAME	
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	33 STREET ADDRESS	
CITY - ST - ZIP	DOWLING PARK FL	34 CITY - ST - ZIP	
TITLE	CD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, W.C. JR.	42 NAME	
STREET ADDRESS	484 BROOK ST	43 STREET ADDRESS	
CITY - ST - ZIP	WESTBROOK ME	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES E.	52 NAME	Erb, Ken
STREET ADDRESS	530 SO. JEFFERSON ST.	53 STREET ADDRESS	P. O. Box 4403
CITY - ST - ZIP	PERRY FL	54 CITY - ST - ZIP	Dowling Park, FL 32060
TITLE	T	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILE, JAMES D. I	62 NAME	Nickerson, Kirby
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	63 STREET ADDRESS	P. O. Box 4327
CITY - ST - ZIP	DOWLING PARK FL	64 CITY - ST - ZIP	Dowling Park, FL 32060

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**  **James L. Humbles**      **4-14-95**      **(904) 658-3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Typed Name)