FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **628657** **(9)**

1. Corporation Name

THE DOWLING PARK VILLAGE SQUARE, INC.

Principal Place of Business

ADVENT CHRISTIAN VILLAGE
P.O. BOX 4307
DOWLING PARK FL 32060
US

Mailing Address

ADVENT CHRISTIAN VILLAGE
P.O. BOX 4307
DOWLING PARK FL 32060
US

3. Date Incorporated or Qualified: 07/03/1979

3a. Date of Last Report: 04/25/1995

4. FEI Number: 59-2269083 — Applied For ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE _____
Signature (typed or printed name of registered agent listed in 10 above) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	CARTER, J.POMEROY	
STREET ADDRESS	ROUTE 9, BOX 120	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	V	☐ DELETE
NAME	SCHENCK, JAMES A.	
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	
CITY-ST-ZIP	DOWLING PARK FL	
TITLE	S	☐ DELETE
NAME	HUMBLES, JAMES L.	
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	
CITY-ST-ZIP	DOWLING PARK FL	
TITLE	CD	☐ DELETE
NAME	NICKERSON, W.C. JR.	
STREET ADDRESS	464 BROOK ST	
CITY-ST-ZIP	WESTBROOK ME	
TITLE	D	☒ DELETE
NAME	ERB, KEN	
STREET ADDRESS	P.O. BOX 4403	
CITY-ST-ZIP	DOWLING PARK FL	
TITLE	T	☐ DELETE
NAME	NICKERSON, KIRBY	
STREET ADDRESS	P.O. BOX 4327	
CITY-ST-ZIP	DOWLING PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/P	☒ Change ☐ Addition
3.2 NAME	Humbles, James L.	
3.3 STREET ADDRESS	Advent Christian Village, PO Box 4307,N/A	
3.4 CITY-ST-ZIP	Dowling Park, FL 32060	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Moxley, John	
5.3 STREET ADDRESS	2320 NE 2 St., Ste. 4	
5.4 CITY-ST-ZIP	Ocala, FL 32670	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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 — James L. Humbles 4-26-96 904/658-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)