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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 32060-1539 US

3. Date Incorporated or Qualified: 07/03/1979  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-2269083  
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: Advent Christian Village  
2a. Mailing Address: Advent Christian Village  
21. Suite, Apt. #, etc.: P. O. Box 4307  
26. Suite, Apt. #, etc.: P. O. Box 4307  
22. City & State: Dowling Park, FL  
27. City & State: Dowling Park, FL  
23. Zip: 32064 Country: US  
29. Zip: 32064 Country: US

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  
85. 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: SCHENCK, JAMES A.	1.1 TITLE: D	1.2 NAME: Schenck, James A.
STREET ADDRESS: ADVENT CHRISTIAN VILLAGE	CITY-ST-ZIP: DOWLING PARK FL	1.3 STREET ADDRESS: P. O. Box 4327 (N/A)	1.4 CITY-ST-ZIP: Dowling Park, FL 32064
TITLE: SP	NAME: HUMBLES, JAMES L.	2.1 TITLE: S	2.2 NAME: Carter, Craig
STREET ADDRESS: ADVENT CHRISTIAN VILLAGE, PO BOX 4307 N/A	CITY-ST-ZIP: DOWLING PARK FL	2.3 STREET ADDRESS: P. O. Box 4305 (N/A)	2.4 CITY-ST-ZIP: Dowling Park, FL 32064
TITLE: CD	NAME: NICKERSON, W.C. JR.	3.1 TITLE: C/D	3.2 NAME: Nickerson, W.C.
STREET ADDRESS: 484 BROOK ST	CITY-ST-ZIP: WESTBROOK ME	3.3 STREET ADDRESS: P. O. Box 4781 (N/A)	3.4 CITY-ST-ZIP: Dowling Park, FL 32064
TITLE: D	NAME: MOXLEY, JOHN	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 2320 NE 2ND ST STE 4	CITY-ST-ZIP: Ocala FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: T	NAME: NICKERSON, KIRBY	5.1 TITLE: T	5.2 NAME: Nickerson, Kirby
STREET ADDRESS: P.O. BOX 4327	CITY-ST-ZIP: DOWLING PARK FL	5.3 STREET ADDRESS: P. O. Box 4327 (N/A)	5.4 CITY-ST-ZIP: Dowling Park, FL 32064
TITLE:	NAME:	6.1 TITLE: D	6.2 NAME: Schwarzburg, Ken
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS: 10443 CR 136	6.4 CITY-ST-ZIP: Live Oak, FL 32060

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14. I do 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 a director or officer 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: \_\_\_\_\_ DATE: 4/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: James A. Schenck Daytime Phone #: 904-658-5319

CR2E034 (9/96)