


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32064 US	Mailing Address ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 34064 US
---	---

3. Date Incorporated or Qualified 07/03/1979	4. FEI Number 59-2269063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
ADVENT CHRISTIAN VILLAGE	ADVENT CHRISTIAN VILLAGE
P. O. BOX 4307	P. O. BOX 4307
DOWLING PARK, FL	DOWLING PARK, FL
32064	32064
US	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

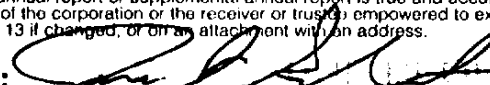
81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHENCK, JAMES A.	1.2 NAME	
STREET ADDRESS	P.O. BOX 4327 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWLING PARK FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, CRAIG	2.2 NAME	
STREET ADDRESS	P.O. BOX 4305 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOWLING PARK FL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, W.C. JR.	3.2 NAME	
STREET ADDRESS	P.O. BOX 4781 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBROOK ME	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOXLEY, JOHN	4.2 NAME	
STREET ADDRESS	2320 NE 2ND ST STE 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, KIRBY	5.2 NAME	
STREET ADDRESS	P.O. BOX 4327 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOWLING PARK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARZBURG, KEN	6.2 NAME	
STREET ADDRESS	10443 CR 138	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	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 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 A. Schenck 4/24/98** (904) 1658-5500

CR2E034 (10/97)