

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724561** (6)

1. Corporation Name

DOWLING PARK HOME, INC. THE

100001491811
-05/17/95--01143--004

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P O BOX 4327 DOWLING PARK FL 32060
P O BOX 4327 DOWLING PARK FL 32060

3. Date Incorporated or Qualified **10/16/1972** 3a. Date of Last Report **03/25/1994**
4. FEI Number **59-1420975** Applied For Not Applicable

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**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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 32870

10. Name and Address of Now Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES E.	12 NAME	Duggar, Margaret Lynn
STREET ADDRESS	530 JEFFERSON ST	13 STREET ADDRESS	1018 Thomasville Rd., Suite 110
CITY - ST - ZIP	PERRY FL	14 CITY - ST - ZIP	Tallahassee, FL 32303
TITLE	CD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKERSON, W C JR	22 NAME	
STREET ADDRESS	464 BROOK ST	23 STREET ADDRESS	
CITY - ST - ZIP	WESTBROOK, ME 00000	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRILL, BRYCE H	32 NAME	
STREET ADDRESS	1122 KNOX SHERRILL RD	33 STREET ADDRESS	
CITY - ST - ZIP	LENOIR, NC 00000	34 CITY - ST - ZIP	
TITLE	P	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, J POMEROY	42 NAME	
STREET ADDRESS	RT 9 BOX 120	43 STREET ADDRESS	
CITY - ST - ZIP	LIVE OAK, FL 00000	44 CITY - ST - ZIP	
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMBLES, JAMES L	52 NAME	
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	53 STREET ADDRESS	
CITY - ST - ZIP	DOWLING PARK FL	54 CITY - ST - ZIP	
TITLE	T	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLE, JAMES D.	62 NAME	Nickerson, Kirby
STREET ADDRESS	P.O. BOX 4327 (COHWY 136)	63 STREET ADDRESS	P. O. Box 4327 (N/A)
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 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 617, 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 4-14-95 (904) 658-3333
DATE: _____