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May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 724561 (6)  
1. Corporation Name  
DOWLING PARK HOME, INC. THE



Principal Place of Business: ADVENT CHRISTIAN VILLAGE, P.O. BOX 4307, DOWLING PARK FL 32060  
Mailing Address: ADVENT CHRISTIAN VILLAGE, P.O. BOX 4307, DOWLING PARK FL 32060-1539

3. Date Incorporated or Qualified: 10/16/1972  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: Advent Christian Village, P. O. Box 4307, Dowling Park, FL 32064, US  
2a. Mailing Address: Advent Christian Village, Suite, Apt. #, etc. P. O. Box 4307, Dowling Park, FL 32064, US

4. FEI Number: 59-1420975  
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: 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE: D	<input type="checkbox"/> DELETE
NAME: DUGGAR, MARGARET LYNN	
STREET ADDRESS: 1018 THOMASVILLE RD., SUITE 110	
CITY-ST-ZIP: TALLAHASSEE FL 32303	
TITLE: CD	<input type="checkbox"/> DELETE
NAME: NICKERSON, W C JR	
STREET ADDRESS: 484 BROOK ST	
CITY-ST-ZIP: WESTBROOK, ME 00000	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SHERRILL, BRYCE H	
STREET ADDRESS: 1122 KNOX SHERRIL RD	
CITY-ST-ZIP: LENOIR, NC 00000	
TITLE: SP	<input type="checkbox"/> DELETE
NAME: HUMBLES, JAMES L	
STREET ADDRESS: ADVENT CHRISTIAN VILLAGE, P.O. BOX 4307	
CITY-ST-ZIP: DOWLING PARK FL	
TITLE: T	<input type="checkbox"/> DELETE
NAME: NICKERSON, KIRBY	
STREET ADDRESS: P.O. BOX 4327 (N/A)	
CITY-ST-ZIP: DOWLING PARK FL 32060	
TITLE: <input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE: C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: Nickerson, W.C.	
2.3 STREET ADDRESS: P. O. Box 4781 (N/A)	
2.4 CITY-ST-ZIP: Dowling Park, FL 32064	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: Humbles, James L.	
4.3 STREET ADDRESS: P. O. Box 4307 (N/A)	
4.4 CITY-ST-ZIP: Dowling Park, FL 32064	
5.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: Nickerson, Kirby	
5.3 STREET ADDRESS: P. O. Box 4327 (N/A)	
5.4 CITY-ST-ZIP: Dowling Park, FL 32064	
6.1 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Carter, Craig	
6.3 STREET ADDRESS: P. O. Box 4305 (N/A)	
6.4 CITY-ST-ZIP: Dowling Park, FL 32064	

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 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: \_\_\_\_\_ DATE: 11-17-97 (904) 658-5500

CFR2E037 (9/96)