

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724561** (6)  
1. Corporation Name  
**DOWLING PARK HOME, INC. THE**

Principal Place of Business <b>ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32084 US</b>	Mailing Address <b>ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32084 US</b>
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3. Date Incorporated or Qualified <b>10/16/1972</b>	
4. FEI Number <b>59-1420975</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOXLEY, JOHN  
2320 NE 2 ST STE 4  
OCALA FL 32670**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUGGAR, MARGARET LYNN</b>	1.2 NAME	
STREET ADDRESS	<b>1018 THOMASVILLE RD., SUITE 110</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKERSON, W C JR</b>	2.2 NAME	
STREET ADDRESS	<b>P O BOX 4781 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOWLING PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERRILL, BRYCE H</b>	3.2 NAME	
STREET ADDRESS	<b>1122 KNOX SHERRILL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LENOIR, NC 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMBLES, JAMES L</b>	4.2 NAME	
STREET ADDRESS	<b>P O BOX 4307 N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOWLING PARK FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKERSON, KIRBY</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 4327 (N/A)</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOWLING PARK FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, CRAIG</b>	6.2 NAME	
STREET ADDRESS	<b>P O BOX 4305 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOWLING PARK FL</b>	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 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

4/23/98

(904)  
658-5500

CP2E037 (1097)