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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32064 US	Mailing Address ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32064 US
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3. Date Incorporated or Qualified 10/16/1972	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1420975	
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	
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 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P O BOX 4781 N/A	
CITY-ST-ZIP	DOWLING PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERRILL, BRYCE H	
STREET ADDRESS	1122 KNOX SHERRILL RD	
CITY-ST-ZIP	LENOIR, NC 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HUMBLES, JAMES L	
STREET ADDRESS	P O BOX 4307 N/A	
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	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARTER, CRAIG	
STREET ADDRESS	P O BOX 4305 N/A	
CITY-ST-ZIP	DOWLING PARK FL	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

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