

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724561

1. Entity Name

DOWLING PARK HOME, INC. THE

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91195 014 ****70.00

Principal Place of Business

Mailing Address

ADVENT CHRISTIAN VILLAGE
P.O. BOX 4307
DOWLING PARK FL 32064
US

ADVENT CHRISTIAN VILLAGE
P.O. BOX 4307
DOWLING PARK FL 32064
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1420975

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DUGGAR, MARGARET LYNN
STREET ADDRESS 1018 THOMASVILLE RD., SUITE 110
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME NICKERSON, W C JR
STREET ADDRESS 10439 CR 136
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DENIUS, LARRY
STREET ADDRESS DRAWER Y
CITY-ST-ZIP HOT SPRINGS VA 24445

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HUMBLER, JAMES L
STREET ADDRESS 10209 -229TH LN
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NICKERSON, KIRBY
STREET ADDRESS 10407 RIVERWOODS DR
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CARTER, CRAIG
STREET ADDRESS 11057 CR 136
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James L. Humbles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Humbles

4-29-02

386-658-5500

Date

Daytime Phone #

CR2E037 (9/01)