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95 MAY -1 PM 2: 23

RECORDS SECTION  
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT <b>1995</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. McPherson Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>743137</b> (2) 1. Corporation Name <b>THE DOWLING PARK APARTMENTS, INC.</b>			
Principal Place of Business <b>P O BOX 4327 DOWLING PARK FL 32060</b>		Mailing Address <b>P O BOX 4327 DOWLING PARK FL 32060</b>	
2. Principal Place of Business 21 <b>Advent Christian Village</b>		2a. Mailing Address 26 <b>Advent Christian Village</b>	
Suite, Apt. #, etc. 22 <b>P. O. Box 4307</b>		Suite, Apt. #, etc. 27 <b>P. O. Box 4307</b>	
City & State 23 <b>Dowling Park, Florida</b>		City & State 28 <b>Dowling Park, Florida</b>	
Zip 24 <b>32060</b>	Country 25 <b>Suwannee</b>	Zip 29 <b>32060</b>	Country 30 <b>Suwannee</b>
9. Name and Address of Current Registered Agent <b>MOXLEY, JOHN 2320 NE 2 ST STE 4 OCALA FL 32670</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code <b>FL</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DAVIS, JAMES E 530 S JEFFERSON ST PERRY FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<b>D Erb, Ken P. O. Box 4403, #7 Meadow View Drive Dowling Park, FL 32060</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S HUMBLES, JAMES L ADVENT CHRISTIAN VILLAGE DOWLING PARK FL</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD SHERRILL, BRYCE H 1122 KNOX SHERRILL RD LENOIR NC</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<b>D Sherrill, Bryce H. 1122 Knox Sherrill Rd. Lenoir, NC 28645</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD NICKERSON JR, W C 464 BROOK ST WESTBROOK ME</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CARTER, POMEROY J RT 9 BOX 120 LIVE OAK FL</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T KLE, JAMES D ADVENT CHRISTIAN VILLAGE DOWLING PARK FL</b>	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<b>T Nickerson, Kirby P. O. Box 4327 (N/A) Dowling Park, FL 32060</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Humbles

4-14-95

(904) 658-3333

Date

Telephone Number