

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743137 (2)
1. Corporation Name

THE DOWLING PARK APARTMENTS, INC.



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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip Country	
Suite, Apt. #, etc.		City & State		Zip Country		City & State		Zip Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/06/1978	05/05/1995
4. FEI Number	Applied For
59-1836597	Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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		
				85	Zip Code		
				FL			

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ERB, KEN	1.2 NAME	
STREET ADDRESS	#7 MEADOW VIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWLING PARK FL 32060	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	S/P
NAME	HUMBLES, JAMES L	2.2 NAME	Humbles, James L.
STREET ADDRESS	ADVENT CHRISTIAN VILLAGE	2.3 STREET ADDRESS	Advent Christian Village, PO Box 4307 N/A
CITY-ST-ZIP	DOWLING PARK FL	2.4 CITY-ST-ZIP	Dowling Park, FL 32060
TITLE	D	3.1 TITLE	
NAME	SHERRILL, BRYCE H	3.2 NAME	
STREET ADDRESS	1122 KNOX SHERRILL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LENOIR NC 28645	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	NICKERSON JR, W C	4.2 NAME	
STREET ADDRESS	464 BROOK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTBROOK ME	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	CARTER, POMEROY J	5.2 NAME	
STREET ADDRESS	RT 9 BOX 120	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	NICKERSON, KIRBY D	6.2 NAME	
STREET ADDRESS	P.O. BOX 4327 (N/A)	6.3 STREET ADDRESS	
CITY-ST-ZIP	DOWLING PARK FL 32060	6.4 CITY-ST-ZIP	

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 119.07(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 James L. Humbles 4-26-96 904/658-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)