

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 05 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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 <b>ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32060</b>	Mailing Address <b>ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32060-1539</b>
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3. Date Incorporated or Qualified <b>06/06/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 Advent Christian Village</b>	2a. Mailing Address <b>26 Advent Christian Village</b>
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4. FEI Number <b>59-1836597</b>	Applied For <input type="checkbox"/> Not Applicable
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22 Suite, Apt. #, etc. <b>P. O. Box 4307</b>	27 Suite, Apt. #, etc. <b>P. O. Box 4307</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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23 City & State <b>Dowling Park, FL</b>	28 City & State <b>Dowling Park, FL</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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24 Zip <b>32064</b>	25 Country <b>US</b>	29 Zip <b>32064</b>	30 Country <b>US</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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
NAME	<b>ERB, KEN</b>	
STREET ADDRESS	<b>#7 MEADOW VIEW DRIVE</b>	
CITY-ST-ZIP	<b>DOWLING PARK FL 32060</b>	
TITLE	<b>SP</b>	<input type="checkbox"/> DELETE
NAME	<b>HUMBLES, JAMES L</b>	
STREET ADDRESS	<b>ADVENT CHRISTIAN VILLAGE PO BOX 4307 N/A</b>	
CITY-ST-ZIP	<b>DOWLING PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHERRILL, BRYCE H</b>	
STREET ADDRESS	<b>1122 KNOX SHERRILL RD</b>	
CITY-ST-ZIP	<b>LENOIR NC 28645</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>NICKERSON JR, W C</b>	
STREET ADDRESS	<b>464 BROOK ST</b>	
CITY-ST-ZIP	<b>WESTBROOK ME</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>NICKERSON, KIRBY D</b>	
STREET ADDRESS	<b>P.O. BOX 4327 (N/A)</b>	
CITY-ST-ZIP	<b>DOWLING PARK FL 32060</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Erb, Ken</b>	
1.3 STREET ADDRESS	<b>P. O. Box 4779, #7 Meadow View Drive</b>	
1.4 CITY-ST-ZIP	<b>Dowling Park, FL 32064</b>	
2.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Humbles, James L.</b>	
2.3 STREET ADDRESS	<b>P. O. Box 4307 (N/A)</b>	
2.4 CITY-ST-ZIP	<b>Dowling Park, FL 32064</b>	
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	<b>C/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Nickerson, W.C.</b>	
4.3 STREET ADDRESS	<b>P. O. Box 4781 (N/A)</b>	
4.4 CITY-ST-ZIP	<b>Dowling Park, FL 32064</b>	
5.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Nickerson, Kirby</b>	
5.3 STREET ADDRESS	<b>P. O. Box 4327 (N/A)</b>	
5.4 CITY-ST-ZIP	<b>Dowling Park, FL 32064</b>	
6.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Carter, Craig</b>	
6.3 STREET ADDRESS	<b>P. O. Box 4305 (N/A)</b>	
6.4 CITY-ST-ZIP	<b>Dowling Park, FL 32064</b>	

14. I do 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.

CR2E037 (9/96)