FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT

Principal Place of Business

ADVENT CHRISTIAN VILLAGE

2. Principal Place of Business

DOWLING PARK FL 32064

Suite, Apt. #, etc.

MOXLEY, JOHN

OCALA FL 32670

2320 NE 2 ST STE 4

City & State

P.O. BOX 4307

21

22

23

24

Zip

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Mailing Address

P.O. BOX 4307

2a. Mailing Address

City & State

26

27

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Secretary of State **DIVISION OF CORPORATIONS**

743137

(2)

ADVENT CHRISTIAN VILLAGE

DOWLING PARK FL 32064

Suite, Apt. #, etc.

THE DOWLING PARK APARTMENTS, INC.

Country

9. Name and Address of Current Registered Agent

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Yes

FII FD

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3. Date Incorporated or Qualified 06/06/1978						
4. FEI Number		Applied For				
59-1836597		Not Applicable				
 5. Certificate of Status Desired	X	\$8.75 Additional Fee Required				
Election Campaign Financing Trust Fund Contribution						
7. Is this nonprofit corporation a homeowners association?						
9. This corporation owns or has noted the autrent year intensible						

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

85 Zip Code

Country

81 Name

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11. Pursuant to office or re agent. I ar	o the provisions of Sections 617.0502 and 617.150 ogistered agent, or both, in the State of Florida. Suc n familiar with, and accept the obligations of, Section	B, Florida Statutes th change was aut on 617.0503, Florid	the above-named horized by the corp da Statutes.	corporation submits this statement for the purpose of changing it poration's board of directors. I hereby accept the appointment as	s registered registered	
SIGNATURE _	Signature, typed or printed name of registered agent and little if applica	ble (NOTE: F	legistered Agent signature	required when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	Change	☐ Addition	
NAME	erb, ken		1.2 NAME			
STREET ADDRESS	P O BOX 4779, #7 MEADOW VIEW DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DOWLING PARK FL		1.4 CITY - ST - ZIP			
TITLE	P	DELETE	2.1 TITLE	☐ Change	☐ Addition	
NAME	HUMBLES, JAMES L		2.2 NAME			
STREET ADDRESS	P O BOX 4307 N/A		2.3 STREET ADDRESS			
CITY ST-ZW	DOWLING PARK FL		2. 4 City-St-ZIP			
TITLE	D	DELETE	3.1 TITLE	☐ Change	Addition	
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	CO	DELETE	4.1 TITLE	☐ Change	Addition	
NAME	NICKERSON, W C		4. 2 NAME			
STREET ADDRESS	P O BOX 4781 N/A		4.3 STREET ADDRESS			
CITY-ST-ZW	DOWLING PARK FL		4.4 City - ST - ZIP			
TITLE		DELETE	5.1 TITLE	☐ Change	Addition	
NAME	NICKERSON, KIRBY D		5.2 NAME			
STREET ADDRESS	P.O. BOX 4327 (N/A)		5.3 STREET ADDRESS			
CITY-ST-ZIP	DOWLING PARK FL		5.4 CITY-ST-ZIP			
TITLE	S	DELETE	6.1 TITLE	Change	Addition	
NAME	CARTER, CRAIG		6.2 NAME			
STREET ADDRESS	P O BOX 4305 N/A		6.3 STREET ADDRESS			
CITY-ST-ZIP	DOWLING PARK FL		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. (904)

SIGNATURE:

4 23/98

658-5500