

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743137

Entity Name
DOWLING PARK APARTMENTS, INC.

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FILED
Jun 21, 2000 8:00 am
Secretary of State

05-23-2000 90230 009 ****70.00

Principal Place of Business CHRISTIAN VILLAGE BOX 4307 PARK FL 32064	Mailing Address ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK FL 32064-1539 US
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Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-1836597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOXLEY, JOHN
320 NE 2 ST STE 4
OCALA FL 32870

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NUMBER
FEE IS \$21.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make One (1) Payment to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<p>D <input type="checkbox"/> Delete</p> <p>ERB, KEN P O BOX 4779, #7 MEADOW VIEW DRIVE DOWLING PARK FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>P <input type="checkbox"/> Delete</p> <p>HUMBLES, JAMES L 10209 -29TH LANE LIVE OAK FL 32080</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>D <input type="checkbox"/> Delete</p> <p>SHERRILL, BRYCE H 1122 KNOX SHERRILL RD LENOIR NC 28645</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>CD <input type="checkbox"/> Delete</p> <p>NICKERSON, W C 10439 CR 136 LIVE OAK FL 32060</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>J <input type="checkbox"/> Delete</p> <p>NICKERSON, KIRBY D 10407 RIVERWOODS DR LIVE OAK FL 32060</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>S <input type="checkbox"/> Delete</p> <p>CARTER, CRAIG 11057 CR 136 LIVE OAK FL 32060</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>TITLE _____</p> <p>NAME _____</p> <p>STREET ADDRESS _____</p> <p>CITY-ST-ZIP _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: James L. Humbles James L. Humbles 4/27/00 904/658-5500
Date Daytime Phone #

CEN007 10/00

DOC# 1743137

104736

Additional Officers and Directors of the Dowling Park Apartments, Inc.
not listed under #12 Officers and and Directors of the NonProfit
Corporation Annual Report

Director

Mr. Donald Churchill
447 Courtney Circle
Sugar Grove, IL 60554

Director

Mrs. Margaret Lynn Duggar
1018 Thomasville Rd., Ste. 110
Tallahassee, FL 32303

Director

Dr. Robert E. Fillinger
813 Trinidad Road
Jacksonville, FL 32216-9341

Director/Vice-chairman

Mr. John Moxley
2320 NE 2nd Street, Ste. 4
Ocala, FL 32670

Director

Rev. Adrian Shepard
1605 Canady Road
Wilmington, NC 28405-7882

Director

Mr. Carl Vignali
3932 Richardson Road
Panama City, FL 32401

Assistant Secretary

Mrs. Mary Crawford
11504 CR 252
McAlpin, FL 32062

4/27/00