


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90056 020 \*\*\*\*70.00

<b>DOCUMENT # 743137</b>					
1. Entity Name THE DOWLING PARK APARTMENTS, INC.					
Principal Place of Business ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK, FL 32064 US			Mailing Address ADVENT CHRISTIAN VILLAGE P.O. BOX 4307 DOWLING PARK, FL 32064 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1836597	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOXLEY, JOHN 2320 NE 2 ST STE 4 OCALA, FL 32670			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ERB, KEN		NAME		
STREET ADDRESS	23360 MEADOW VIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUMBLES, JAMES L		NAME		
STREET ADDRESS	10209 -29TH LANE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENIUS, LARRY		NAME		
STREET ADDRESS	203 BUCKHORN TRAIL		STREET ADDRESS		
CITY-ST-ZIP	CLIFTON FORGE, VA 24422		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NICKERSON, W C		NAME		
STREET ADDRESS	10439 CR 136		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HETT, STEVEN		NAME		
STREET ADDRESS	22727 104TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, CRAIG		NAME		
STREET ADDRESS	11057 CR 136		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James L. Humbles			2-13-06		386-658-5500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

400



02132006 Chg-NP CR2E037 (11/05)

# ATTACHMENT

**Additional Officers and Directors of the Dowling Park Apartments, Inc. not listed under #10 Officers and Directors of the NonProfit Corporation Annual Report**

40018657  
#743137

Director  
Jerry Carter  
10229 CR 136  
Live Oak, FL 32060

Director  
Don Churchill  
447 Courtney Circle  
Sugar Grove, IL 60554

Director  
Jim Davis  
3848 Killearn Ct.  
Tallahassee, FL 32309

Director  
Kenneth Dodge  
120 Ledgewood Road  
Manchester, NH 03104

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

Director  
Adrian Shepard  
1605 Canady Road  
Wilmington, NC 28405-7882

Assistant Secretary  
Mary Crawford  
11504 CR 252  
McAlpin, FL 32062

2/13/06