


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90005 006 \*\*\*\*70.00

**DOCUMENT # 743137**

1. Entity Name  
**THE DOWLING PARK APARTMENTS, INC.**



Principal Place of Business <b>ADVENT CHRISTIAN VILLAGE          P.O. BOX 4307          DOWLING PARK, FL 32064 US</b>	Mailing Address <b>ADVENT CHRISTIAN VILLAGE          P.O. BOX 4307          DOWLING PARK, FL 32064 US</b>
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40054443



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03052008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number <b>59-1836597</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>MOXLEY, JOHN</b> <b>2320 NE 2 ST STE 4</b> <b>OCALA, FL 32670</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORENCE, PEYTON 23367 RIVER BIRCH LANE LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUMBLES, JAMES L 10209 -29TH LANE LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENIUS, LARRY 4791 NICELYTOWN ROAD CLIFTON FORGE, VA 24422 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NICKERSON, W C 10439 CR 136 LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HETT, STEVEN 22727 104TH STREET LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, CRAIG 11057 CR 136 LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **James L. Humbles** 3-5-08 386-658-5500

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40054244

ATTACHMENT for Document #743137

#11: Additional Officers & Directors of **Dowling Park Apartments** NOT listed under #10 & includes changes & additions since last report.

Director  
Jim Davis  
3848 Killearn Ct.  
Tallahassee, FL 32309

Director  
Dwight Dean  
496 Ash Drive  
Windsor Locks, CT 06096

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

Director  
John Fenlason  
8451 135<sup>th</sup> Avenue, SE  
Newcastle, WA 98059

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

Assistant Secretary  
Mary Crawford  
11504 CR 252  
McAlpin, FL 32062

**Change: (Address)**

Director  
Don Churchill  
3003 Trillium Ct.  
Aurora, IL 60506

3/5/08