


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90024 032 \*\*\*\*70.00

<b>DOCUMENT # 724561</b> 1. Entity Name <b>DOWLING PARK HOME, INC. THE</b>					
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>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOXLEY, JOHN 2320 NE 2 ST STE 4 OCALA, FL 32670</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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)					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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	DUGGAR, MARGARET LYNN		NAME		
STREET ADDRESS	1018 THOMASVILLE RD., SUITE 110		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	CD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKERSON, W C JR		NAME		
STREET ADDRESS	10439 CR 136		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENIUS, LARRY		NAME	Larry Denius	
STREET ADDRESS	DRAWER Y		STREET ADDRESS	203 Buckhorn Trail	
CITY-ST-ZIP	HOT SPRINGS, VA 24445		CITY-ST-ZIP	Clifton Forge, VA 24422	
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMBLES, JAMES L		NAME		
STREET ADDRESS	10209 -229TH LN		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HETT, STEVEN		NAME	Steven Hett	
STREET ADDRESS	10492 WILDWOOD DR.		STREET ADDRESS	22727 104th Street	
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP	Live Oak, FL 32064	
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 32080		CITY-ST-ZIP		

**20025969**



02232005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1420975** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/05** **386-658-5500**  
Date Daytime Phone #

# ATTACHMENT

20625969 / 724561

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

Director  
Don Churchill  
447 Courtney Circle  
Sugar Grove, IL 60554

Director  
Charles Craft  
3109 Lantern Way  
Wilmington, NC 28409

Director  
Jim Davis  
2074 Centre Pointe Blvd., Suite 100  
Tallahassee, FL 32308

Director  
Kenneth Dodge  
120 Ledgewood Road  
Manchester, NH 03104

Director  
Ken Erb  
23360 Meadow View Drive  
Live Oak, FL 32060

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

Director  
Claydell Horne  
12479 CR 49  
Live Oak, FL 32060

Assistant Secretary  
Mary Crawford  
11504 CR 252  
McAlpin, FL 32062

3/9/05