

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706395

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC2457428732**

**Entity Name:** ADVENT CHRISTIAN VILLAGE, INC.

**Current Principal Place of Business:**

ADVENT CHRISTIAN VILLAGE  
10680 DOWLING PARK DRIVE  
LIVE OAK, FL 32060

**Current Mailing Address:**

ADVENT CHRISTIAN VILLAGE  
P. O. BOX 4307  
DOWLING PARK, FL 32064 US

**FEI Number:** 59-0751905

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MOXLEY, JOHN  
3933 SE 13TH ST  
OCALA, FL 34471-4820 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            CARTER, CRAIG  
Address        10081 COUNTY ROAD 136  
City-State-Zip: LIVE OAK FL 32060

Title            CHAIRMAN, DIRECTOR  
Name            FENLASON, JOHN  
Address        8451 135TH AVENUE SE  
City-State-Zip: NEWCASTLE WA 98059

Title            DIRECTOR  
Name            CHURCHILL, DON  
Address        3003 TRILLIUM CT  
City-State-Zip: AURORA IL 60506

Title            VP  
Name            SCHENCK, JAMES A  
Address        23133 100TH STREET  
City-State-Zip: LIVE OAK FL 32060

Title            SECRETARY, VP  
Name            HILLIARD, KERI  
Address        10233 229TH LANE  
City-State-Zip: LIVE OAK FL 32060

Title            TREASURER, CFO  
Name            HETT, STEVEN  
Address        22727 104TH STREET  
City-State-Zip: LIVE OAK FL 32060

Title            DIRECTOR  
Name            ECKEL, CHUCK  
Address        10243 WILDWOOD CIRCLE  
City-State-Zip: LIVE OAK FL 32060

Title            DIRECTOR  
Name            BUSH, KERRY  
Address        105 WESTPARK DR  
                 SUITE 150  
City-State-Zip: BRENTWOOD TN 37027

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRAIG CARTER

**PRESIDENT, CEO**

**03/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CRAFT, CHARLES III  
Address 3109 LANTERN WAY  
City-State-Zip: WILMINGTON NC 28409

Title DIRECTOR  
Name HORNE, CLAYDELL  
Address 12479 COUNTY ROAD 49  
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR  
Name LEE, JAMES  
Address 10 MOUNTAIN VIEW ST., SW  
City-State-Zip: LENOIR NC 28645-5632

Title DIRECTOR  
Name POOLE, RONNIE  
Address 127 HOWARD STREET, E  
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR  
Name STONE, DAVID K  
Address 508 MEADE BLVD  
City-State-Zip: NORTH AURORA IL 60542-2039

Title VC, DIRECTOR  
Name CHAMBERS, ROLLY  
Address 5053 SHARON WOODS LN  
City-State-Zip: CHARLOTTE NC 28210-4853

Title DIRECTOR  
Name DEAN, DWIGHT  
Address 496 ASH DRIVE  
City-State-Zip: WINDSOR LOCKS CT 06096

Title DIRECTOR  
Name KENNON, TOM  
Address 13507 COUNTY ROAD 136  
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR  
Name NICKERSON, W. C.  
Address 10439 COUNTY ROAD 136  
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR  
Name ROSS, STEVE  
Address 139 SOUTH LAKE AVENUE  
City-State-Zip: ALBANY NY 12208

Title ASST. SECRETARY  
Name CRAWFORD, MARY B  
Address 11504 COUNTY ROAD 252  
City-State-Zip: MCALPIN FL 32062

Title DIRECTOR  
Name LLOYD, JACQUELINE  
Address 1521 OLD FORT DRIVE  
City-State-Zip: TALLAHASSEE FL 32301-5637