

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724561

**Entity Name:** DOWLING PARK HOME, INC. THE**Current Principal Place of Business:**C/O 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:** 59-1420975**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KENNON, TODD  
582 W DUVAL ST  
LAKE CITY, FL 32056 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:** TODD KENNON

02/09/2024

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

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

Title VP, CFO, TREASURER  
Name HETT, STEVEN  
Address 22727 104TH STREET  
City-State-Zip: LIVE OAK FL 32064

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

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

Title DIRECTOR  
Name DEAN, DWIGHT  
Address 11 EATON POINT ROAD  
City-State-Zip: DEER ISLE ME 04627

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

**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

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name WHITE, CHERYL  
Address 90 OFFSHORE DR  
City-State-Zip: MURRELLS INLET SC 29576

Title DIRECTOR  
Name DARSEY, EDRESS  
Address 5170 BLUE YARROW RUN  
City-State-Zip: NORCROSS GA 30092-5140

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

Title DIRECTOR  
Name THOMAS, RON  
Address 10926 S HAMPTON DR  
City-State-Zip: CHARLOTTE NC 28227-5442

Title VP  
Name EDQUID, MARK  
Address 23329 LIVE OAK LANE  
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR  
Name FORD, ROBERT  
Address 8896 135TH LOOP  
City-State-Zip: LIVE OAK FL 32060