

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724561

**FILED  
Mar 22, 2019  
Secretary of State  
7980930209CC**

**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

03/22/2019

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            VC, 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        496 ASH DRIVE  
City-State-Zip: WINDSOR LOCKS CT 06096

Title            DIRECTOR  
Name            HORNE, CLAYDELL  
Address        5170 BLUE YARROW RUN  
City-State-Zip: PEACHTREE CORNERS GA 30092-5140

**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

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name LLOYD, JACQUELINE  
Address 11084 DOWLING PARK DR  
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR  
Name WHITE, CHERYL  
Address 2480 CIMARRON CIR  
City-State-Zip: MIDLAND NC 28107

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