

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724561

FILED
Mar 08, 2016
Secretary of State
CC7522580163

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:

MOXLEY, JOHN
3933 SE 13TH STREET
OCALA, FL 32671 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 PCEO
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 TCFO
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 12479 COUNTY ROAD 49
City-State-Zip: LIVE OAK FL 32060

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

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 1521 OLD FORT DRIVE
City-State-Zip: TALLAHASSEE FL 32301-5637

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

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