

**2018 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:**PAGE, ERNIE  
170 SW PINCKNEY ST  
MADISON, FL 32340 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:** ERNIE PAGE

03/07/2018

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        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

03/07/2018

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                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