

2023 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

01/27/2023

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

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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

01/27/2023

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 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 10492 WILDWOOD DRIVE
City-State-Zip: LIVE OAK FL 32060