

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743137

**Entity Name:** THE DOWLING PARK APARTMENTS, INC.**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:** 59-1836597**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	S, VP
Name	HILLIARD, KERI
Address	10233 229TH LANE
City-State-Zip:	LIVE OAK FL 32060

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

Title	DIRECTOR
Name	DEAN, DWIGHT
Address	496 ASH DRIVE
City-State-Zip:	WINDSOR LOCKS CT 06096

Title	TCFO
Name	HETT, STEVEN
Address	22727 104TH STREET
City-State-Zip:	LIVE OAK FL 32060

Title	CD
Name	CHURCHILL, DON
Address	3003 TRILLIUM CT E
City-State-Zip:	AURORA IL 60506

Title	DIRECTOR
Name	BUSH, KERRY
Address	105 WESTPARK DR STE 150
City-State-Zip:	BRENTWOOD TN 37027-1012

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

**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

03/06/2015

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                LEE, JIM  
Address             10 MOUNTAIN VIEW ST., SW  
City-State-Zip:    LENOIR NC 28645

Title                DIRECTOR  
Name                TRIPP, PAM  
Address             1010 FAIRGROUND RD  
City-State-Zip:    DUNN NC 28334-8355

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

Title                DIRECTOR  
Name                POOLE, RONNIE  
Address             127 HOWARD STREET, E  
City-State-Zip:    LIVE OAK FL 32064