

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743137

FILED
Mar 13, 2014
Secretary of State
CC7474037760

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

Title S
Name HUGG, SANDRA
Address 10438 WILDWOOD DRIVE
City-State-Zip: LIVE OAK FL 32060

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

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

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

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

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

03/13/2014

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 PO BOX 227
City-State-Zip: NEWTON GROVE NC 28366

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