

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743137

**FILED**  
**Jan 27, 2023**  
**Secretary of State**  
**6105802635CC**

**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:**

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            VP, CFO, TREASURER  
Name            HETT, STEVEN  
Address        22727 104TH STREET  
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            DIRECTOR  
Name            CHURCHILL, DON  
Address        1608 W LAUREL GREENS DR  
City-State-Zip: ANTHEM AZ 85086

Title            DIRECTOR  
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        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

**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

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

Title DIRECTOR  
Name WHITE, CHERYL  
Address 90 OFFSHORE DR  
City-State-Zip: MURRELLS INLET SC 29576

Title DIRECTOR  
Name LEE, JIM  
Address 410 MOUNTAIN VIEW ST., SW  
City-State-Zip: LENOIR NC 28645

Title CHAIRMAN, DIRECTOR  
Name CHAMBERS, ROLLY  
Address 5053 SHARON WOODS LN  
City-State-Zip: CHARLOTTE NC 28210

Title VP  
Name EDQUID, MARK  
Address 10492 WILDWOOD DRIVE  
City-State-Zip: LIVE OAK FL 32060