2021 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:

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 02/24/2021

Electronic Signature of Registered Agent

Date

FILED Feb 24, 2021

Secretary of State

1422284375CC

Officer/Director Detail:

PRESIDENT, CEO Title Title VP, CFO, TREASURER

Name CARTER, CRAIG Name HETT. STEVEN

Address 10081 COUNTY ROAD 136 Address 22727 104TH STREET LIVE OAK FL 32060 City-State-Zip: LIVE OAK FL 32060 City-State-Zip:

Title DIRECTOR Title S, VP

Name CHURCHILL, DON Name HILLIARD, KERI

1608 W LAUREL GREENS DR Address 10233 229TH LANE Address

City-State-Zip: ANTHEM AZ 85086 City-State-Zip: LIVE OAK FL 32060

Title **DIRECTOR** Title CHAIRMAN, DIRECTOR Name BUSH, KERRY Name FENLASON, JOHN

Address 105 WESTPARK DR Address 8451 135TH AVENUE SE

STE 150

NEWCASTLE WA 98059 City-State-Zip: **BRENTWOOD TN 37027-1012** City-State-Zip:

Title **DIRECTOR** Title DIRECTOR DEAN. DWIGHT Name ROSS, STEVE Name

Address 11 EATON POINT ROAD Address 139 S LAKE AVENUE DEER ISLE ME 04627 City-State-Zip: 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.

02/24/2021 PRESIDENT, CEO SIGNATURE: CRAIG CARTER

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleASST. SECRETARYTitleDIRECTORNameCRAWFORD, MARYNameLEE, JIM

Address 11504 COUNTY ROAD 252 Address 410 MOUNTAIN VIEW ST., SW

City-State-Zip: MCALPIN FL 32062 City-State-Zip: LENOIR NC 28645

Title DIRECTOR Title VC, DIRECTOR

Name POOLE, RONNIE Name CHAMBERS, ROLLY

Address 127 HOWARD STREET, E Address 5053 SHARON WOODS LN

City-State-Zip: LIVE OAK FL 32064 City-State-Zip: CHARLOTTE NC 28210

Title DIRECTOR Title VP

NameWHITE, CHERYLNameSCHENCK, JAMES AAddress15135 CABARRUS RDAddress23133 100TH STREET

City-State-Zip: CHARLOTTE NC 28227 City-State-Zip: LIVE OAK FL 32060