

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743137

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC1360904365**

**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, VP  
Name HILLIARD, KERI  
Address 10233 229TH LANE  
City-State-Zip: LIVE OAK FL 32060

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

Title CHAIRMAN, 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 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**

**03/08/2016**

\_\_\_\_\_  
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 VC, DIRECTOR  
Name CHAMBERS, ROLLY  
Address 5053 SHARON WOODS LN  
City-State-Zip: CHARLOTTE NC 28210

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