

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 628657

FILED
Mar 11, 2015
Secretary of State
CC1837666424

Entity Name: THE DOWLING PARK VILLAGE SQUARE, 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: 59-2269083

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 VP, DIRECTOR
Name SCHENCK, JAMES A
Address 23133 100TH STREET
City-State-Zip: LIVE OAK FL 32060

Title PRESIDENT, CEO
Name CARTER, CRAIG
Address 10081 COUNTY ROAD 136
City-State-Zip: LIVE OAK FL 32060

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

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

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

Title VC, DIRECTOR
Name FENLASON, JOHN
Address 8451 135TH AVE SE
City-State-Zip: NEW CASTLE WA 98059

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

Title DIRECTOR
Name FLORENCE, PEYTON
Address 23367 RIVER BIRCH LANE
City-State-Zip: LIVE OAK FL 32060

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG CARTER

PRESIDENT/CEO

03/11/2015

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