2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2025
Secretary of State
6568879808CC

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 04/08/2025

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

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

Title	VC, DIRECTOR
Name	ROSS, STEVE
Address	139 S LAKE AVENUE
City-State-Zip:	ALBANY NY 12208

Title	VP, CFO, TREASURER
Name	WILLIS, MICHAEL
Address	10680 DOWLING PARK DRIVE
City-State-Zip:	LIVE OAK FL 32060

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

Title	DIRECTOR
Name	DEAN, DWIGHT
Address	11 EATON POINT ROAD
City-State-Zip:	DEER ISLE ME 04627

Title	ASST. SECRETARY
Name	CRAWFORD, MARY
Address	11504 COUNTY ROAD 252
City-State-Zip:	MCALPIN FL 32062

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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.

SIGNATURE: CRAIG CARTER PRESIDENT/CEO 04/08/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	VP
Name	EDQUID, MARK
Address	23329 LIVE OAK LANE
City-State-Zip:	LIVE OAK FL 32060

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

Title	DIRECTOR
Name	LAWRENCE, ARTHUR
Address	10254 WILDWOOD CIRCLE
City-State-Zip:	LIVE OAK FL 32060