

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36162

**FILED**  
**Feb 14, 2015**  
**Secretary of State**  
**CC9069756996**

**Entity Name:** FERN PARK, INC.

**Current Principal Place of Business:**

230 FERN PARK BLVD.  
FERN PARK, FL 32730

**Current Mailing Address:**

C/O PETER WRIGHT  
1819 PEACHTREE ROAD, NE SUITE 450  
ATLANTA, GA 30309 US

**FEI Number:** 58-1873945

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CFOV  
Name WEST, JOHN R  
Address 1819 PEACHTREE ROAD, NE SUITE 450  
City-State-Zip: ATLANTA GA 30309

Title D  
Name OAKES, HOWARD  
Address 1819 PEACHTREE ROAD, NE SUITE 450  
City-State-Zip: ATLANTA GA 30309

Title PD  
Name COATS, BRYANT G  
Address 1819 PEACHTREE ROAD, NE SUITE 450  
City-State-Zip: ATLANTA GA 30309

Title D  
Name WALKER, WILLIAM P  
Address 224 QUAIL LANE LAKE MARTIN  
City-State-Zip: DADEVILLE AL 36853

Title VPAS  
Name NORTHCUTT, CHASE  
Address 1819 PEACHTREE ROAD, NE SUITE 450  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR, VP  
Name SIMMONS, GORDON  
Address 17 CHURCH STREET  
City-State-Zip: ASHEVILLE NC 28801

Title DIRECTOR, SECRETARY  
Name NORTHCUTT, CHARLES W. III  
Address 100 CAMELLIA DRIVE  
City-State-Zip: DOTHAN AL 36303

Title DIRECTOR  
Name LOFTIN, JAMES D  
Address 110 ANNA LEE DRIVE  
City-State-Zip: DOTHAN AL 36303

**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:** JOHN R. WEST

**CFO**

**02/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CARSSOW, TIM  
Address 938 LITTLE RIVER CAMPGROUND ROAD  
City-State-Zip: PISGAH FOREST NC 28768

Title VP, CCO  
Name WHITE, JOHN  
Address 17 CHURCH STREET  
City-State-Zip: ASHEVILLE NC 28801

Title VP  
Name ASHLEY, HEATHER-DAWN  
Address 1819 PEACHTREE ROAD, NE  
SUITE 450  
City-State-Zip: ATLANTA GA 30309

Title DIRECTOR  
Name DRUMMOND, ALISON  
Address 3452 GREYSTONE COURT  
City-State-Zip: MARIETTA GA 30068

Title SENIOR VICE PRESIDENT  
Name SULAIMAN, NICK  
Address 1819 PEACHTREE ROAD, NE  
SUITE 450  
City-State-Zip: ATLANTA GA 30309