

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36162

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

**Current Principal Place of Business:**

230 FERN PARK BLVD.  
FERN PARK, FL 32730

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC5918327588**

**Current Mailing Address:**

C/O JOHN R. WEST  
1819 PEACHTREE ROAD, NE SUITE 520  
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 CFO, DIRECTOR, EVP, TREASURER,  
PRESIDENT, ASST. SECRETARY

Name WEST, JOHN R

Address 1819 PEACHTREE ROAD, NE  
SUITE 520

City-State-Zip: ATLANTA GA 30309

Title D

Name OAKES, HOWARD

Address 32 RHODES DRIVE

City-State-Zip: MARIETTA GA 30068

Title CEO, DIRECTOR

Name COATS, BRYANT G

Address 1819 PEACHTREE ROAD, NE  
SUITE 520

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 520

City-State-Zip: ATLANTA GA 30309

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

Title DIRECTOR

Name CARSSOW, TIM

Address 938 LITTLE RIVER CAMPGROUND  
ROAD

City-State-Zip: PISGAH FOREST NC 28768

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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:** JOHN R. WEST

**CFO**

**03/15/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title            VP  
Name            ASHLEY, HEATHER-DAWN  
Address        1819 PEACHTREE ROAD, NE  
                 SUITE 520  
City-State-Zip: ATLANTA GA 30309