

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007082

FILED
Aug 10, 2006
Secretary of State

Entity Name: OXFORD ADOPTION FOUNDATION, INC.

Current Principal Place of Business:

4309 CRAYTON RD.
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4309 CRAYTON RD.
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-0159592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KNIGHT, JAMIE
4309 CRAYTON RD.
NAPLES, FL 34103 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WISE, MURRAY R
Address: 4309 CRAYTON RD.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: WISE, VALERIE G
Address: 4309 CRAYTON RD.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: POPE, RANDALL E
Address: 2110 WINTERHAVEN
City-St-Zip: JONESBORO, AR 72404

Title: D () Delete
Name: JAGER, MARCIA J
Address: 1115 EMERALD BAY
City-St-Zip: LAGUNA BCH, CA 92660

Title: D () Delete
Name: MCPEAK, NANCY
Address: 9566 GULFSHORE DR., PH4
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MURRAY R. WISE

PRES

08/10/2006

Electronic Signature of Signing Officer or Director

Date