

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007082

Entity Name: OXFORD ADOPTION FOUNDATION, INC.**Current Principal Place of Business:**4309 CRAYTON RD.
NAPLES, FL 34103**Current Mailing Address:**4309 CRAYTON RD.
NAPLES, FL 34103**FEI Number:** 20-0159592**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title	D
Name	WISE, MURRAY R
Address	4309 CRAYTON RD.
City-State-Zip:	NAPLES FL 34103

Title	D
Name	WISE, VALERIE G
Address	4309 CRAYTON ROAD
City-State-Zip:	NAPLES FL 34103

Title	SEC
Name	KNIGHT, JAMIE
Address	4309 CRAYTON RD.
City-State-Zip:	NAPLES FL 34103

Title	D
Name	MCPEAK, NANCY
Address	4309 CRAYTON ROAD
City-State-Zip:	NAPLES FL 34103

Title	D
Name	ANDERSON, ALEX
Address	4309 CRAYTON ROAD
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	KLEIN, DEBBIE
Address	4309 CRAYTON RD.
City-State-Zip:	NAPLES FL 34103

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: MURRAY R WISE**MANAGER****01/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date