

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735526

FILED
Mar 04, 2008
Secretary of State

Entity Name: OXFORD ASSEMBLY OF GOD CHURCH, INC.

Current Principal Place of Business:

12114 N. HIGHWAY 301
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 9
OXFORD, FL 34484

New Mailing Address:

FEI Number: 59-2246716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRICKLAND, DERREL
12114 N US 301
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

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: FONTANEZ, FELIX
Address: 9181 SE CTY HWY C-42
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: JONES, STEVE
Address: 858 NE 120TH AVE
City-St-Zip: OXFORD, FL 34484

Title: D () Delete
Name: BAILEY, RAY
Address: 17225 SE 115TH TERR RD
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: DAVIS, TED
Address: 9844 NE 17TH PATH
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: JOHNSON, JERRY
Address: 5089 E CR 468
City-St-Zip: WILDWOOD, FL 34785

Title: ST () Delete
Name: JONES, LAURA
Address: 858 NE 120TH AVE
City-St-Zip: OXFORD, FL 34484

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: D (X) Change () Addition
Name: VANLUVEN, GARY
Address: 617 ESPANA ST
City-St-Zip: THE VILLAGES, FL 32159

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

I hereby certify that the information supplied with this filing does not qualify 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: DERREL STRICKLAND

PRE

03/04/2008

Electronic Signature of Signing Officer or Director

Date