

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010537

FILED
Apr 16, 2007
Secretary of State

Entity Name: OXFORD OUTREACHES INC.

Current Principal Place of Business:

P. O. BOX 9
OXFORD, FL 34484

New Principal Place of Business:

12114 N US 301
OXFORD, FL 34484

Current Mailing Address:

P. O. BOX 9
OXFORD, FL 34484

New Mailing Address:

P.O. BOX 9
OXFORD, FL 34484

FEI Number: 30-0347120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUVEN, GARY
Address: 617 ESPANZ ST.
City-St-Zip: THE VILLAGE, FL 32159

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

Title: D () Delete
Name: WILLIAMS, LARRY
Address: 800 N. MAIN ST.
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: PADGETT, GREG
Address: 206 N. 3RD ST.
City-St-Zip: LEESBURG, FL 34748

Title: P () Delete
Name: STRICKLAND, DERREL
Address: P. O. BOX 9
City-St-Zip: OXFORD, FL 34484

Title: V () Delete
Name: PADGETT, CHARLES
Address: 1740 MYRTLE LAKE AVE.
City-St-Zip: FRUITLAND PARK, FL 34731

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JONES, LAURA
Address: 858 N E 129TH AVE.
City-St-Zip: OXFORD, FL 34484

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: LAURA JONES

BA

04/16/2007

Electronic Signature of Signing Officer or Director

Date