


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90051 024 \*\*\*\*70.00

<b>DOCUMENT # N05000010537</b>	
1. Entity Name <b>OXFORD OUTREACHES INC.</b>	

Principal Place of Business <b>12114 N US 301 OXFORD, FL 34484</b>	Mailing Address <b>P.O. BOX 9 OXFORD, FL 34484</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03042008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>30-0347120</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>DERREL STRICKLAND 12114 N US 301 OXFORD, FL 34484</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <b>Van</b> STREET ADDRESS CITY-ST-ZIP	<b>D LUVEN, GARY</b> <input type="checkbox"/> Delete <b>817 ESPANZ ST.</b> <b>THE VILLAGE, FL 32159</b> <i>changed</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Steve Jones</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>858 NE 120th Ave.</b> <b>Oxford, FL 34484</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, LAURA</b> <input checked="" type="checkbox"/> Delete <b>858 N E 129TH AVE.</b> <b>OXFORD, FL 34484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Laura Strickland</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>400 Stanley St.</b> <b>Wildwood, FL 34785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, LARRY</b> <input type="checkbox"/> Delete <b>800 N. MAIN ST.</b> <b>WILDWOOD, FL 34785</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Ted Davis</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9844 NE 17th Path</b> <b>Wildwood, FL 34785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PADGETT, GREG</b> <input type="checkbox"/> Delete <b>206 N. 3RD ST.</b> <b>LEESBURG, FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Gary Van luven</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>617 Espana St</b> <b>The Villages, FL 32159</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STRICKLAND, DERREL</b> <input type="checkbox"/> Delete <b>P. O. BOX 9</b> <b>OXFORD, FL 34484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PADGETT, CHARLES</b> <input type="checkbox"/> Delete <b>1740 MYRTLE LAKE AVE.</b> <b>FRUITLAND PARK, FL 34731</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Laura Jones* **Laura Jones** **3/3/08** **352-748-6124**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #