2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N05000010537

Entity Name: OXFORD OUTREACHES INC.

Current Principal Place of Business:

12114 N US 301
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9
OXFORD, FL 34484

New Mailing Address:

FEI Number: 30-0347120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DERREL STRICKLAND
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: LUVEN, GARY
Address: 617 ESPANZ ST.
City-St-Zip: THE VILLAGE, FL 32159

Title: D ( ) Delete
Name: STRICKLAND, LAURA
Address: 400 STANLEY ST.
City-St-Zip: WILDWOOD, FL 34785

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

Title: D ( ) Delete
Name: VANLUVREN, GARY V
Address: 617 ES PANA ST.
City-St-Zip: THE VILLAGES, FL 32159

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: BELCHER, HELEN
Address: 10474 CR 237
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 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 P 03/18/2009

Electronic Signature of Signing Officer or Director — Date