

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010537

FILED
Apr 10, 2012
Secretary of State

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

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

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

Title: D
Name: VAN LUVEN, GARY
Address: 617 ESPANA ST.
City-St-Zip: THE VILLAGES, FL 32159

Title: D
Name: PADGETT, CPA, GREG
Address: 206 N. THIRD ST.
City-St-Zip: LEESBURG, FL 34748

Title: D
Name: VAN LUVEN, NANCY
Address: 617 ESPANA ST.
City-St-Zip: THE VILLAGES, FL 32159

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: LAURA JONES

BA

04/10/2012

Electronic Signature of Signing Officer or Director

Date