

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005145

FILED
May 14, 2007
Secretary of State

Entity Name: OXFORD UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

OXFORD UNITED METHODIST CHURCH
3906 E CR 466
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

OXFORD UNITED METHODIST CHURCH
P O BOX 353
OXFORD, FL 34484

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PYLES, WILLIAM K
9588 SE 124TH LOOP
SUMMERFIELD, FL US 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: T () Delete
Name: TABOR, TABOR
Address: 2276 LOCKWOOD LOOP
City-St-Zip: THE VILLAGES, FL 32162

Title: FS () Delete
Name: LEUENBERGER, BOB
Address: 13775 SE 85TH CIRCLE
City-St-Zip: SUMMERFIELD, FL 34491

Title: TD () Delete
Name: CARNAHAN, LEE
Address: 1910 ANTONIA PL
City-St-Zip: LADY LAKE, FL 32159

Title: TD () Delete
Name: MOORE, TED
Address: 1844 PEACHTREE DRIVE
City-St-Zip: THE VILLAGE, FL 32159

Title: P () Delete
Name: PYLES, WILLIAM K
Address: 9588 SE 124TH LOOP
City-St-Zip: SUMMERFIELD, FL 34491

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: () 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: WILLIAM KENNETH PYLES

PST.

05/14/2007

Electronic Signature of Signing Officer or Director

Date