

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005145

FILED  
Apr 30, 2008  
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: 33-1071619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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: FS      (X) Change ( ) Addition  
Name: STROTHER, ANN  
Address: 1667 W. SCHWARTZ BLVD.  
City-St-Zip: LADY LAKE, FL 32159

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 K. PYLES

PST.

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date