

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 24, 2012
Secretary of State

DOCUMENT# N94000005145

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:**CARNAHAN, LEE
1919 ANTONIA PL.
THE VILLAGES, FL 32159 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: DT
Name: LOWRY, DAVID
Address: 9105 SE 177TH ST, BELMONT PLACE
City-St-Zip: THE VILLAGES, FL 32162

Title: T
Name: AUVILLE, PAT F
Address: 3906 E CR 466
City-St-Zip: OXORD, FL 34484

Title: D
Name: CARNAHAN, LEE
Address: 1910 ANTONIA PL
City-St-Zip: LADY LAKE, FL 32159

Title: T
Name: AUVILLE, PAT R
Address: 17890 91ST FREEDOM CT
City-St-Zip: THE VILLAGES, FL 32162

Title: T
Name: MOORE, TED
Address: 1844 PEACHTREE DR.
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: PAT AUVILLE

MS.

02/24/2012

Electronic Signature of Signing Officer or Director

Date