# N94000005145

(Requestor's Name)					
(6.12)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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06/24/24--01019--020 **♦•**25.00

2024 JUN 24 PH 5: U.O

S. PRATHER

### **COVER LETTER**

TO: Amendment Section

Division of Corporations					
SUBJECT: Dissolution of Non-Profit Corpo	oration, Oxford United Methodist Church, Inc.				
DOCUMENT NUMBER: N940000051	45				
The enclosed Articles of Dissolution as	nd fee are submitted for filing.				
Please return all correspondence concer	ning this matter to the following:				
Kathy Proper					
(Na	ame of Contact Person)				
Oxford Florida Global Methodist Church					
	(Firm/Company)				
3906 E. County Road 466 (physical), PO BOX	353 (mailing)				
	(Address)				
Oxford. FL 34484					
(Cir	y/State and Zip Code)				
For further information concerning this	matter, please call:				
Kathy Proper	at (352 ) 748-3335 (Daytime Telephone Number)				
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following ar	mount:				
■\$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Certified Copy Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

#### ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Oxford United Methodist Church, Inc.					
SECOND:	The document number of the corporation (if known): N94000005145	202 - 7.L				
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)	2024 JUN 24 7.L.C (555				
	SECTION I If the corporation has members entitled to vote:	• .				
	(CHECK/COMPLETE ONE)  ☐ The date of meeting of members at which the resolution to dissolve was adopted	. 11 67 TA				
	6/19/24 . The number of votes cast by the members was suffi approval.	cient for				
with	☐ The resolution was adopted by written consent of the members and executed in accordance					
with	section 617.0701, Florida Statutes.					
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:					
	The corporation has no members or members entitled to vote on the dissolution.					
	The date of adoption of the resolution by the board of directors was $\frac{36-19-34}{2}$	<u> </u>				
	The number of directors in office was $1/2$ and the vote for resolution was $1/6$ and $0$ against. (Must be a majority vote) See attached	for				
FOURTH	Effective date of dissolution, if applicable:					
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this be listed as the document's effective date on the Department of State's records.	date will not				
	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary					
	Shelley Fraser					
	(Typed or printed name of person signing)  Chairman of the Board					
	(Title of person signing)					

Filing Fee: \$35

#### Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation:\_\_\_ Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00



## Oxford Global Methodist Church CouncilContact List

Vote: Articles of Dissolution for UMC 06-19-24

		6-19-24	revised 05-01-24
COUNCIL CHAIR	Shelley Fraser	Yes No	shell2@embarqmail.com
CHOIR/MUSIC CHAIR	Glenn Bowerman	Yes No	GlennandNaomi@msn.com
CO-LAY LEADER	Shelley Fraser	Yes / No	shel12@embarqmail.com
CO-LAY LEADER	Kathy Proper	Yes No	kathynorcini@gmail.com
CHRISTIAN COUNSELING	Reverend Nan Pickens	Yes No	Nanpickens@comcast.net
EDUCATION CHAIR	Cliff Wray	Yes No	Grandpawray464@gmail.com
FAMILY LIFE CHAIR	Chris Rowe	Yes No	off2fl@gmail.com
FINANCE CHAIR	Reagan Stephens	Yes No	zapstephens@gmail.com
FRIENDLY CAFÉ	Paul & Betty Guertin	Yes No	Reinke28754@vahoo.com
GROWTH/VISION CHAIR VACATION	Mike Neish	Yes / No	michaelneish@hotmail.com
HISTORIAN	TBD	Yes / No	
KITCHEN CHAIR	Jim & Chris Rowe	Yes / No	off2fl@gmail.com
LIBRARIAN HOSDITAL	Midge LaVeigne	Yes / No	mlaveigne@gmail.com
MISSIONS CHAIR	Toni Capaccio	Yes No	tcapaccio@thevillages.net
	Dick Wolters	Yes No	dick.wolters7@gmail.com
PASTOR/WORSHIP/	Dick Wolters	Yes No	dick.wolters7@gmail.com
STAFF PARISH	TBD	Yes / No	
TREASURE/FINANCE	Kathy Proper	Yes No	kathynorcini@gmail.com
TRUSTEE CHAIR	Tom Fargis	Yes / No	tomfargis@gmail.com
USHERS/SECURITY	Sammy & Genel Vaught	Yes / No	sammyvaught@comcast.net
OFFICE STAFF/SECRETARY	Wanda Balł	Yes No	oxfordumcfl@gmail.com