

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29443 (9)

1. Corporation Name

OXFAM-AMERICA, INC.



Principal Place of Business

Mailing Address

26 WEST STREET
BOSTON MA 02111

26 WEST STREET
BOSTON MA 02111

3. Date Incorporated or Qualified

05/22/1990

3a. Date of Last Report

07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7069110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, MS. STACY DANIEL
110 SHEPHERD TRAIL
LONGWOOD FL 32752-0632

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME P
BROWN, J. LARRY
STREET ADDRESS 21 HARRISON ST.
CITY-ST-ZIP WAYLAND MA

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

CHAIR OF BOARD/D ☒ Change ☒ Addition

TITLE
NAME V/D
MACLEOD, MICHAEL
STREET ADDRESS 3515 WENTWORTH DR
CITY-ST-ZIP FALL CHURCH VA 22044

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

PRESIDENT
RAYMOND OFFENHEISER
26 WEST ST
BOSTON MA 02111 ☐ Change ☒ Addition

TITLE
NAME S
CHATTERJEE, DR. LATA
STREET ADDRESS 83 CONDY ROAD
CITY-ST-ZIP PETERBOROUGH NH

☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

ASSISTANT TREASURER
KAREN BOTTOMLEY
26 WEST ST
BOSTON MA 02111 ☐ Change ☒ Addition

TITLE
NAME T
FORRESTER, ROBERT
STREET ADDRESS 50 PEQUOSSETTE RD.
CITY-ST-ZIP BELMONT MA

☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME D
LIZ ABERDALE
STREET ADDRESS P.O. BOX 1417 N/A
CITY-ST-ZIP WELFLEET MA 02667

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME AS
SHERRY D. ADAMS
STREET ADDRESS 26 WEST ST.
CITY-ST-ZIP BOSTON MA 02111

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Bottomley
Karen Bottomley

Date

Daytime Phone #

7/26/96 (617) 728-2422

0018322

CR2E037 (3/96)