

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009204

Entity Name: OYAC, INC.**Current Principal Place of Business:**450 MALLARD CIRCLE
WINTER PARK, FL 32789**Current Mailing Address:**450 MALLARD CIRCLE
WINTER PARK, FL 32789**FEI Number:** 83-1851062**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**R. PATRICK PHILLIPS
200 NORTH THORNTON AVENUE
ORLANDO, FL 32801 US*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**Officer/Director Detail :**

Title	DPT
Name	WALTERS-PHILLIPS, BARBARA
Address	450 MALLARD CIRCLE
City-State-Zip:	WINTER PARK FL 32789

Title	DV
Name	GERBER, WILLIAM
Address	11409 SWIFT WATER CIRCLE
City-State-Zip:	ORLANDO FL 32817

Title	D
Name	VON, DEBEY
Address	204 STONE ISLAND ROAD
City-State-Zip:	DELTONA FL 32725

Title	D
Name	COPESE, ED
Address	204 STONE ISLAND ROAD
City-State-Zip:	DELTONA FL 32725

Title	D
Name	R. PATRICK PHILLIPS
Address	200 N. THORNTON AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	DS
Name	HOFFBERG, ALAN
Address	P.O. BOX 917750
City-State-Zip:	LONGWOOD FL 32791

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: BARBARA WALTERS-PHILLIPS**PRESIDENT****04/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date