

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**APPROVED  
AND  
FILED**

95 JUL -3 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N93000003504 (8)**

1. Corporation Name

**O.A.C. MINISTRIES, INCORPORATED**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/02/1993</b>	3a. Date of Last Report <b>02/03/1994</b>
4. FEI Number <b>59-3203867</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>FILING FEE IS \$61.25</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business <b>685 OAKLANDO DRIVE ALTAMONTE SPRINGS FL 32714</b>		Mailing Address <b>P. O. BOX 5118 WINTER PARK FL 32793-5118 US</b>	
2. Principal Place of Business <b>21 1203 Olive Avenue</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State <b>23 Sanford, FL</b>	City & State <b>28</b>		
Zip <b>24 32771</b>	Country <b>25 USA</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**COBB, ORESTES A  
685 OAKLANDO DRIVE  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1205 W. 12th Street</b>
83	
84 City	<b>Sanford FL</b>
85 Zip Code	<b>32771</b>

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	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, BELINDA</b>	12 NAME	
STREET ADDRESS	<b>P O BOX 673 N/A</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>OVIEDO FL 32765</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRADFORD, BENNIE</b>	22 NAME	<b>Jennifer Tellis</b>
STREET ADDRESS	<b>5341 BOTANY CT</b>	23 STREET ADDRESS	<b>81 Tyson Court</b>
CITY, ST, ZIP	<b>ORLANDO FL 32811</b>	24 CITY - ST - ZIP	<b>Oviedo, FL 32765</b>
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COBB, ORESTES</b>	32 NAME	
STREET ADDRESS	<b>81 TYSON COURT</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>OVIEDO FL 32765</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b>	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDWARDS, CARLTON</b>	42 NAME	<b>Carlton Edwards</b>
STREET ADDRESS	<b>901A WEST ORANGE BLOSSOM TRAIL</b>	43 STREET ADDRESS	<b>328 Lake Ave SW</b>
CITY, ST, ZIP	<b>APOPKA FL</b>	44 CITY - ST - ZIP	<b>APOPKA, FL 32703</b>
TITLE	<b>D</b>	51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FAIR, JOSEPH</b>	52 NAME	<b>Michael Oliver</b>
STREET ADDRESS	<b>1771 MCFARLANE AVE</b>	53 STREET ADDRESS	<b>1160 E. Harrison Street</b>
CITY, ST, ZIP	<b>DELTONA FL 32738</b>	54 CITY - ST - ZIP	<b>Oviedo, FL 32765</b>
TITLE	<b>D</b>	61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, WILLIE</b>	62 NAME	<b>Nicole Martin</b>
STREET ADDRESS	<b>878 HILLVIEW DRIVE</b>	63 STREET ADDRESS	<b>3040 Alorna Avenue, Apt 119</b>
CITY, ST, ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	64 CITY - ST - ZIP	<b>Winter Park, FL 32792</b>

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 110.07(3)(b), 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: *Orestes Cobb* Date: 26 June 95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Printed

CR2E037 (3/95)