

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90005 047 \*\*\*158.75

DOCUMENT # 93000003504

1. Entity Name

O. A. C. Ministries, Incorporated **CA**

A0075004

Principal Place of Business		Mailing Address	
2. Principal Place of Business <b>445 W. 13th Street</b>		3. Mailing Address <b>P. O. Box 1509</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

DO NOT WRITE IN THIS SPACE

City & State <b>Apopka, Florida</b>		City & State <b>Apopka, Florida</b>		4. FEI Number <b>59-3203867</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32703</b>	Country <b>USA</b>	Zip <b>32704</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>Pastor Orestes A. Cobb, Sr.</b> <b>1205 W. 12th Street</b> <b>Sanford, Florida 32771</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b>		Zip Code	

8. 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 *Rev. Orestes A. Cobb* **06/22/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D, C</b> <b>Orestes A. Cobb, Sr.</b> <b>1205 W. 12th Street</b> <b>Sanford, FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, D</b> <b>Jennifer T. Cobb</b> <b>1205 W. 12th Street, Sanford, FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T, D</b> <b>Belinda Bell</b> <b>P. O. Box 620673, Oviedo, FL 32762</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Carlton Edwards, Sr.</b> <b>P. O. Box 1542, Apopka, FL 32704</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Michael Oliver</b> <b>1160 Harrison St., Oviedo, FL 32765</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S, D</b> <b>Nicole Martin</b> <b>P. O. Box 195427, Winter Springs, FL 32719</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicole M. Martin* **Nicole M. Martin 22 June 2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)