

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90816 036 \*\*\*\*61.25

**DOCUMENT # N93000003504**

1. Entity Name

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

Principal Place of Business

Mailing Address

4453 13TH STREET  
 APOPKA FL 32703

PO BOX 1509  
 APOPKA FL 32704  
 US

2. Principal Place of Business

3. Mailing Address

**58 E Main Street**  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Apopka FL 32703**

4. FEI Number

**59-3203867**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional...**  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COBB, ORESTES A SR.  
 1205 W. 12TH STREET  
 SANFORD FL 32771~~

**387 E Sandpiper  
 Apopka FL 32712**

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COBB, ORESTES A SR. <del>1205 W. 12TH STREET SANFORD FL 32771</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COBB, JENNIFER T <del>1205 W. 12TH STREET SANFORD FL 32771</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, BELINDA PO BOX 620673 OVEDO FL 32762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, MICHAEL 1160 HARRISON STREET OVEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, NICOLE <del>407 DRY GAP PIKE #3 KNOXVILLE TN 37912</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, CARLTON SR PO BOX 1542 APOPKA FL 32704	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>387 E Sandpiper Apopka FL 32712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>387 E Sandpiper Apopka FL 32712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO Box 621063 OVEDO FL 32762</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicole Martin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 May 2002 407.886.4989  
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE