

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 02, 2004  
Secretary of State**

DOCUMENT# N93000003504

Entity Name: O.A.C. MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

58 E MAIN STREET  
APOPKA, FL 32703

**New Principal Place of Business:**

305 S HIGHLAND AVENUE  
APOPKA, FL 32703

**Current Mailing Address:**

PO BOX 1509  
APOPKA, FL 32704 US

**New Mailing Address:**

FEI Number: 59-3203867      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COBB, ORESTES A SR.  
387 E SANDPIPER  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: COBB, ORESTES A SR.  
Address: 387 E SANDPIPER  
City-St-Zip: APOPKA, FL 32712

Title: VD ( ) Delete  
Name: COBB, JENNIFER T  
Address: 387 E SANDPIPER  
City-St-Zip: APOPKA, FL 32712

Title: TD ( ) Delete  
Name: BELL, BELINDA  
Address: PO BOX 620673  
City-St-Zip: OVIEDO, FL 32762

Title: D ( ) Delete  
Name: OLIVER, MICHAEL  
Address: 1160 HARRISON STREET  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: MARTIN, NICOLE  
Address: P.O. BOX 621063  
City-St-Zip: OVIEDO, FL 32762

Title: D ( ) Delete  
Name: EDWARDS, CARLTON SR  
Address: PO BOX 1542  
City-St-Zip: APOPKA, FL 32704

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NICOLE M MARTIN

SD

08/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

LOUISE WILLIAMS, DIRECTOR  
524 N CENTRAL AVENUE  
APOPKA FL 32712

QUANECE ELBERY, DIRECTOR  
306 RACHELLE AVENUE  
#411  
SANFORD FL 32771