

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 09, 2006  
Secretary of State

DOCUMENT# N93000003504

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

**Current Principal Place of Business:**

305 S HIGHLAND AVENUE  
APOPKA, FL 32703

**New Principal Place of Business:**

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: D      ( ) Delete  
Name: ELBERY, QUANECE  
Address: 156 MONROE VIEW TRAIL  
City-St-Zip: SANFORD, FL 32771

Title: D      ( ) Delete  
Name: WILLIAMS, LOUISE  
Address: 524 N CENTRAL AVENUE  
City-St-Zip: APOPKA, FL 32712

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 Chapter 119, 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: ORESTES A. COBB, SR.

P

05/09/2006

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

\_\_\_\_\_  
Date