

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003504

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

**Current Principal Place of Business:**

305 S HIGHLAND AVENUE  
APOPKA, FL 32703

**Current Mailing Address:**

PO BOX 1509  
APOPKA, FL 32704 US

**FEI Number:** 59-3203867

**Certificate of Status Desired:** No

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

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

*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:** ORESTES A. COBB, SR.

04/08/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCD  
Name COBB, ORESTES ASR.  
Address 387 E SANDPIPER STREET  
City-State-Zip: APOPKA FL 32712

Title VD  
Name COBB, JENNIFER T  
Address 387 E SANDPIPER STREET  
City-State-Zip: APOPKA FL 32712

Title D  
Name SMITH, INGRID  
Address 709 BRIARCLIFFE STREET  
City-State-Zip: SANFORD FL 32773

Title D  
Name MOORE, JIMMIE  
Address 5022 SAVANNAH RIVERWAY  
APARTMENT #112  
City-State-Zip: APOPKA FL 32839

Title D  
Name WYNN, JESSIE H  
Address 347 RIUNITE CIRCLE  
City-State-Zip: WINTER SPRINGS FL 32708

Title D.  
Name EDWARDS, CARLTON  
Address P.O. BOX 1542  
City-State-Zip: APOPKA FL 32704

Title D.  
Name WRIGHT, LORENZO  
Address 638 SITKA COURT  
City-State-Zip: APOPKA FL 32703

*I hereby 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 all other like empowered.*

**SIGNATURE:** JENNIFER T. COBB

**VICE DIRECTOR**

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date