

2024 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, JENNIFER T
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: JENNIFER T. COBB

02/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCD
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 COBB, ORENTE' A
Address 6754 KNIGHTSWOOD DR
City-State-Zip: ORLANDO FL 32818

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

Title VC
Name HARRIS, OCTAVIA A
Address 3040 FALCONHILL DR
City-State-Zip: APOPKA FL 32712

Title ASSISTANT PASTOR
Name ELBERY, ANDREA
Address 121 DREW AVE
City-State-Zip: SANFORD FL 32771

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: DR. OCTAVIA HARRIS

VICE CHAIR

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date