

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003504

FILED
Feb 24, 2016
Secretary of State
CC2884368896

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, SR., ORESTES A.
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.

02/24/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCD
Name COBB, SR., ORESTES A
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 5004 SAVANNAH RIVERWAY
APARTMENT #203
City-State-Zip: ORLANDO 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: COBB, SR. , ORESTES A

PASTOR

02/24/2016

Electronic Signature of Signing Officer/Director Detail

Date