

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**APPROVED
AND
FILED**

95 JUL -3 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003504 (8)

1. Corporation Name

O.A.C. MINISTRIES, INCORPORATED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1993	3a. Date of Last Report 02/03/1994
4. FEI Number 59-3203867	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> FILING FEE IS \$61.25	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 685 OAKLANDO DRIVE ALTAMONTE SPRINGS FL 32714		Mailing Address P. O. BOX 5118 WINTER PARK FL 32793-5118 US	
2. Principal Place of Business 21 1203 Olive Avenue	2a. Mailing Address 26	Suite, Apt. #, etc.	
22	27	City & State 23 Sanford, FL	
24 32771	25 USA	29	30

9. Name and Address of Current Registered Agent

**COBB, ORESTES A
685 OAKLANDO DRIVE
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1205 W. 12th Street
83	
84 City	Sanford FL
85 Zip Code	32771

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, BELINDA	12 NAME	
STREET ADDRESS	P O BOX 673 N/A	13 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL 32765	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADFORD, BENNIE	22 NAME	Jennifer Tellis
STREET ADDRESS	5341 BOTANY CT	23 STREET ADDRESS	81 Tyson Court
CITY, ST, ZIP	ORLANDO FL 32811	24 CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, ORESTES	32 NAME	
STREET ADDRESS	81 TYSON COURT	33 STREET ADDRESS	
CITY, ST, ZIP	OVIEDO FL 32765	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, CARLTON	42 NAME	Carlton Edwards
STREET ADDRESS	901A WEST ORANGE BLOSSOM TRAIL	43 STREET ADDRESS	328 Lake Ave SW
CITY, ST, ZIP	APOPKA FL	44 CITY - ST - ZIP	APOPKA, FL 32703
TITLE	D	51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAIR, JOSEPH	52 NAME	Michael Oliver
STREET ADDRESS	1771 MCFARLANE AVE	53 STREET ADDRESS	1160 E. Harrison Street
CITY, ST, ZIP	DELTONA FL 32738	54 CITY - ST - ZIP	OVIEDO, FL 32765
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, WILLIE	62 NAME	Nicole Martin
STREET ADDRESS	878 HILLVIEW DRIVE	63 STREET ADDRESS	3040 Alorna Avenue, Apt 119
CITY, ST, ZIP	ALTAMONTE SPRINGS FL 32714	64 CITY - ST - ZIP	WINTER PARK, FL 32792

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Orestes Cobb* Date: 26 June 95

CR2E037 (3/95)