

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003504

FILED
May 09, 2006
Secretary of State

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