

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003504

FILED
Apr 21, 2012
Secretary of State

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

Current Principal Place of Business:

305 S HIGHLAND AVENUE
APOPKA, FL 32703 US

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 (X)

Name and Address of Current Registered Agent:

COBB, ORESTES A SR.
387 E SANDPIPER STREET
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
Name: COBB, ORESTES A SR.
Address: 387 E SANDPIPER STREET
City-St-Zip: APOPKA, FL 32712 US

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

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

Title: D
Name: WILLIAMS, ALBERTA K
Address: 524 N CENTRAL AVENUE
City-St-Zip: APOPKA, FL 32712 US

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

Title: D
Name: PAYNE, GLENNIE
Address: 20 E CLEVELAND STREET
City-St-Zip: APOPKA, FL 32703 US

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: ORESTES A. COBB, SR.

PCD

04/21/2012

Electronic Signature of Signing Officer or Director

Date