

**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