


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003504 (8)
 1. Corporation Name
O.A.C. MINISTRIES, INCORPORATED



Principal Place of Business 1203 OLIVE AVENUE SANFORD FL 32771	Mailing Address P. O. BOX 5118 WINTER PARK FL 32783-5118 US
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3 Date Incorporated or Qualified 08/02/1993	3a Date of Last Report 04/25/1996
4 FEI Number 59-3203867	Applied For <input type="checkbox"/> 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
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>None</i>	

9. Name and Address of Current Registered Agent

COBB, ORESTES A
1205 W. 12TH STREET
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	BELL, BELINDA
STREET ADDRESS	P O BOX 873 N/A
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D <input type="checkbox"/> DELETE
NAME	TELLIS, JENNIFER
STREET ADDRESS	81 TYSON COURT
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D <input type="checkbox"/> DELETE
NAME	COBB, ORESTES
STREET ADDRESS	81 TYSON COURT
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D <input type="checkbox"/> DELETE
NAME	EDWARDS, CARLTON
STREET ADDRESS	328 LAKE DOE BOULEVARD
CITY-ST-ZIP	APOPKA FL 32703
TITLE	D <input type="checkbox"/> DELETE
NAME	OLIVER, MICHAEL
STREET ADDRESS	1160 E HARRISON STREET
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTIN, NICOLE
STREET ADDRESS	3040 ALOMA AVENUE, APT A19
CITY-ST-ZIP	WINTER PARK FL 32792

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	P.O. Box 1542 N/A
4.4 CITY-ST-ZIP	APOPKA, FLA. 32704
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1521 Stephen Street
6.4 CITY-ST-ZIP	(P.O. Box 1003 Mailing) Oviedo, FLA. 32765

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: *R. ISIDORE*

8/16/97

CF2E037 (4/97)