

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90816 036 ****61.25

DOCUMENT # N93000003504

1. Entity Name

O.A.C. MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

4453 13TH STREET
 APOPKA FL 32703

PO BOX 1509
 APOPKA FL 32704
 US

2. Principal Place of Business

3. Mailing Address

58 E Main Street
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Apopka FL 32703

4. FEI Number

59-3203867

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional...**
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

**387 E Sandpiper
 Apopka FL 32712**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCD	COBB, ORESTES A SR.	1205 W. 12TH STREET	SANFORD FL 32771	<input type="checkbox"/>
VD	COBB, JENNIFER T	1205 W. 12TH STREET	SANFORD FL 32771	<input type="checkbox"/>
TD	BELL, BELINDA	PO BOX 620673	OVIEDO FL 32762	<input type="checkbox"/>
D	OLIVER, MICHAEL	1160 HARRISON STREET	OVIEDO FL 32765	<input type="checkbox"/>
SD	MARTIN, NICOLE	407 DRY GAP PIKE #3	KNOXVILLE TN 37912	<input type="checkbox"/>
D	EDWARDS, CARLTON SR	PO BOX 1542	APOPKA FL 32704	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		387 E Sandpiper	Apopka FL 32712	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		387 E Sandpiper	Apopka FL 32712	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		PO Box 621063	Oviedo FL 32762	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nicole Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 May 2002 407.886.4989
 Date Daytime Phone #

0126913



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)