

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 02, 2004
Secretary of State**

DOCUMENT# N93000003504

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

Current Principal Place of Business:

58 E MAIN STREET
APOPKA, FL 32703

New Principal Place of Business:

305 S HIGHLAND AVENUE
APOPKA, FL 32703

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 ()

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: TD () Delete
Name: BELL, BELINDA
Address: PO BOX 620673
City-St-Zip: OVIEDO, FL 32762

Title: D () Delete
Name: OLIVER, MICHAEL
Address: 1160 HARRISON STREET
City-St-Zip: OVIEDO, FL 32765

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
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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 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 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: NICOLE M MARTIN

SD

08/02/2004

Electronic Signature of Signing Officer or Director

Date

LOUISE WILLIAMS, DIRECTOR
524 N CENTRAL AVENUE
APOPKA FL 32712

QUANECE ELBERY, DIRECTOR
306 RACHELLE AVENUE
#411
SANFORD FL 32771