2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

RE AND TYPED OR PRINTED NAME OF BIGNING OFFICER

FILED May 06, 2005 8:00 am Secretary of State

DOCUMENT # N0400009795 1. Enlity Name FAITH AND TRUTH REVEALED MINISTRIES INC					05-06-2005 9010)4 022 ****70	0.00
Principal Place 6215 EAST H TAMPA, FL 3	ILLSBORO	Mailing Address 6215 EAST HILLSBORO TAMPA, FL 33610	6215 EAST HILLSBORO			5005047	79
2. Principal Pl	East Hillsborough	3. Mailing Address 625 East Hills Suite, Apt. #, etc.	borough A	HEUNC	ing-NP CR	2E037 (10/03)	
City & State		City & State Campa, FL		4. FE! Number	605648		plied For Applicable
33610-	5-424 Country 6. Name and Address of Current	33610-5424	Country	5. Certificate of S		\$8.75 Add Fee Require	
BBOWN F		registered Agent	Name	7. Name and Address of New Registered Agent Name			
BROWN, DWIGHT SR. 6215 EAST HILLSBORO TAMPA, FL 33610				Street Address (P.O. Box Nymber is Not Acceptable) 6215 East Hills barough Avenue			
				City Tampa FL 3560 5424			
8. The above the obligation SIGNATURE .	named onlity submits this statement for ions of egistered agent. WWW Storeture, yield or printed name of registered agent a	-sn.	gistered office or	registered agent, or both, in	the State of Florida.		
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2005 Trust Fund Contribut							
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF C HOUSE, OPHELIA 5603 DREW CT. TAMPA, FL 33619	RECTORS Delete	11. TITLE NAME STREET ADDRESS GITY-ST-ZIP	Dwight Brown 7029 Flint D	SES TO OFFICERS AN SC. TIVE 3619-5936	D DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, SAMUEL 1536 CREEK ROAD DRIVE BRANDON, FL 33510	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Teffrey War 3303 North L Tampa, FL 336	ren akeview br	Thange live Apt. 1	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOB, ANDREIONA 7029 FLINT DR. TAMPA, FL 33619	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Samantha B	Srowin	© Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
indicatéc	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emp	strue and accurate and that my	signature shall h	ave the same lenal effect as	s if made under oath: t	hat I am an officer	or director