

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N04000011281

Entity Name: REIGNING TRUTH MINISTRIES, INC.

Current Principal Place of Business:

8746 OAK BLUFF DR
ORLANDO, FL 32827

New Principal Place of Business:

Current Mailing Address:

8746 OAK BLUFF DR
ORLANDO, FL 32827

New Mailing Address:

FEI Number: 20-2084478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCALL, PARNELL L
8746 OAK BLUFF DR
ORLANDO, FL 32827 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCALL, PARNELL L
Address: 8746 OAK BLUFF DR
City-St-Zip: ORLANDO, FL 32827

Title: D () Delete
Name: MCCALL, LYNNELLE
Address: 8746 OAK BLUFF DR
City-St-Zip: ORLANDO, FL 32827

Title: D () Delete
Name: MCCALL, PHYLENA M
Address: 6909 ALOMA AVE #17
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: PAGE, PORTIA
Address: 806 MARGARET SQUARE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BOGAN, STANLEY
Address: P. O. BOX 413
City-St-Zip: MT. DORA, FL 327570413

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
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 exemption stated in Chapter 119, 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: LYNNELLE MCCALL

D

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date