

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011281

FILED  
Apr 22, 2009  
Secretary of State

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 ( )

**Name and Address of Current Registered Agent:**

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

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date