

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011281

FILED  
Mar 21, 2012  
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 (X)

**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  
Name: MCCALL, PARNELL L  
Address: 8746 OAK BLUFF DR  
City-St-Zip: ORLANDO, FL 32827

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PARNELL L MCCALL

MR

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date