

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45973 (7)
1. Corporation Name
REVEALING TRUTH MINISTRIES CHRISTIAN CENTER INC.



Principal Place of Business
**P.O. BOX 274026
TAMPA FL 33688**

Mailing Address
**P.O. BOX 274026
TAMPA FL 33688**

3. Date Incorporated or Qualified **11/13/1991** 3a. Date of Last Report **05/18/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3089570		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

**THE BARR FINANCIAL GROUP INC.
550 N. REO STREET
SUITE 300
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name **Gregory Powe**
82 Street Address (P.O. Box Number is Not Acceptable)
1907 Elk Spring Drive
83
84 City **Brandon** FL 85 Zip Code **33511**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gregory Powe* **Gregory Powe** 2/8/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	CPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWE, GREGORY	1.2 NAME	Powe, Gregory
STREET ADDRESS	1907 ELK SPRING DRIVE	1.3 STREET ADDRESS	1907 Elk Spring Drive
CITY-STATE-ZIP	BRANDON FL	1.4 CITY-STATE-ZIP	Brandon, FL 33511
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWE, GREGORY	2.2 NAME	Powe, Deborah
STREET ADDRESS	953 SANDYWOOD DR	2.3 STREET ADDRESS	1907 Elk Spring Drive
CITY-STATE-ZIP	BRANDON FL	2.4 CITY-STATE-ZIP	Brandon, FL 33511
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGHTON, JAY	3.2 NAME	Drayton, Linda
STREET ADDRESS	1520 NO. CHURCH ST.	3.3 STREET ADDRESS	5431 7th Street South
CITY-STATE-ZIP	TAMPA FL	3.4 CITY-STATE-ZIP	St. Petersburg, FL 33705
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWE, DEBORAH	4.2 NAME	
STREET ADDRESS	1907 ELK SPRING DRIVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	BRANDON FL	4.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAYTON, LINDA	5.2 NAME	
STREET ADDRESS	5431-7TH STREET SOUTH	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ST. PETERSBURG FL	5.4 CITY-STATE-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE BARR FINANCIAL GROUP INC.	6.2 NAME	
STREET ADDRESS	550 N. REO STREET, SUITE 300	6.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gregory Powe* **Gregory Powe** 2/8/96 (813) 987-9114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)