FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Feb 03 1998 8:00 am
Secretary of State

DOCUMENT # **N45973** (7)

1. Corporation Name

REVEALING TRUTH MINISTRIES CHRISTIAN CENTER, INC

Principal Place of Business	Mailing Address
5201 N ARMENIA AVE TAMPA FL 33603 US	P. O. BOX 274026 TAMPA FL 33688

3. Date Incorporated or Qualified: 11/13/1991

4. FEI Number: 59-3089570 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POWE, GREGORY
1907 ELK SPRING DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 6014 Mariner's Watch Dr

83

84 City: Tampa **FL** 85 Zip Code: 33615

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 office 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	POWE, GREGORY		1.2 NAME		
STREET ADDRESS	1907 ELK SPRING DRIVE		1.3 STREET ADDRESS	6014 Mariner's Watch Drive	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	Tampa, Florida 33615	
TITLE	TD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	POWE, DEBORAH		2.2 NAME		
STREET ADDRESS	1907 ELK SPRING DRIVE		2.3 STREET ADDRESS	6014 Mariner's Watch Drive	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	Tampa, Florida 33615	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DRAYTON, LINDA		3.2 NAME		
STREET ADDRESS	5431-7TH STREET SOUTH		3.3 STREET ADDRESS	1403 Belle Chase	
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP	Tampa, Florida 33634	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Deborah H. Powe TD 1/8/98 813-354-1135
SIGNATURE REQUIRED