

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90029 034 \*\*\*\*70.00

**DOCUMENT # N45973**

1. Entity Name  
**REVEALING TRUTH MINISTRIES CHRISTIAN CENTER,  
INC.**



Principal Place of Business  
**5201 N ARMENIA AVE  
TAMPA, FL 33603 US**

Mailing Address  
**PO BOX 153127  
TAMPA, FL 33684-3127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004

Chg-NP

CR2E037 (10/03)

4. FEI Number

**59-3089570**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POWE, GREGORY  
6014 MARINER'S WATCH DR  
TAMPA, FL 33615**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CPD ☐ Delete  
NAME POWE, GREGORY  
STREET ADDRESS 6014 MARINER'S WATCH DR  
CITY-ST-ZIP TAMPA, FL 33615

TITLE STD ☐ Delete  
NAME POWE, DEBORAH  
STREET ADDRESS 6014 MARINER'S WATCH DR  
CITY-ST-ZIP TAMPA, FL 33615

TITLE SD ☒ Delete  
NAME DRAYTON, LINDA  
STREET ADDRESS 1403 BELLE CHASE CIR  
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Calvin McCray  
CITY-ST-ZIP 4107 E. Sewaha St  
Tampa, FL 33617

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah H. Powe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04  
Date

813-354-1135  
Daytime Phone #