2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

DOCUMENT # N45973 1. Entity Name REVEALING TRUTH MINISTRIES CHRISTIAN CENTER, INC.					01-10-2005 90019 001 ****71.00				
Principal Place of Business Mailing Address 5201 N ARMENIA AVE PO BOX 153127 TAMPA, FL 33603 US TAMPA, FL 33684-3127			7			LI SHIB 1844 (BANG III)			
2. Principal Place of Business 3. M		3. Mailing Address	J. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005 C	Chg-NP	CR2E0	37 (10/03)	
City & State		City & State			50 2000570 		oplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	×	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Ad-	dress of New R	egistered	Agent	
POWE, GREGORY 6014 MARINER'S WATCH DR			Name Street A	ddress (F	P.O. Box Number is	Not Acceptable			
TAMPA, F			16219 S1		rra DeAli	va .	-		
-			City				FL	Zip Cod	le 1 2
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or	ampa r registere	ed agent, or both, in	n the State of Flo			

SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatu	ure required enu	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing		shon reinstating) \$5.00 May Be Added to Fees		ake chec	k payable t	
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Flori	ake checi Ida Depar	rtment of S	tate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DII CPD POWE, GREGORY 6014 MARINER'S WATCH DR	9. Election Camp Trust Fund Co	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS	□ A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flori GES TO OFFICER DeAliva	ake checi Ida Depar	rtment of S	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE CPD POWE, GREGORY	9. Election Camp Trust Fund Co	paign Financing ntribution. 111. TITLE NAME	□ A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Flori GES TO OFFICER DeAliva	ake checi Ida Depar	RECTORS IN	tate
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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 it 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: DE DITAL DE DE DE LA POWE 1/6/05 813-354-1135