

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90011 008 ****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**



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
5201 N ARMENIA AVE
TAMPA, FL 33603**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | CPD |
| NAME | POWE, GREGORY |
| STREET ADDRESS | 16219 SIERRA DEALIVA |
| CITY-ST-ZIP | TAMPA, FL 33613 |
| TITLE | STD |
| NAME | POWE, DEBORAH |
| STREET ADDRESS | 16219 SIERRA DEALIVA |
| CITY-ST-ZIP | TAMPA, FL 33613 |
| TITLE | D |
| NAME | MCCRAY, CALVIN |
| STREET ADDRESS | 4107 E. SEWAHA ST |
| CITY-ST-ZIP | TAMPA, FL 33617 |
| TITLE | D |
| NAME | EZELL, REGINALD |
| STREET ADDRESS | 2800 UNION CHURCH ROAD SW |
| CITY-ST-ZIP | STOCKBRIDGE, GA 30281 |
| TITLE | D |
| NAME | RILEY, THOMAS |
| STREET ADDRESS | 6060 RIVERS AVE |
| CITY-ST-ZIP | N CHARLESTON, SC 29406 |
| TITLE | D |
| NAME | RILEY, HARRY |
| STREET ADDRESS | 9622 UTAH DR. |
| CITY-ST-ZIP | JONESBORO, GA 30238 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **DEBORAH H. POWE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07 813-354-1135

Date

Daytime Phone #