

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011281

**Entity Name:** REIGNING TRUTH MINISTRIES, INC.

**Current Principal Place of Business:**

8746 OAK BLUFF DR  
ORLANDO, FL 32827

**Current Mailing Address:**

8746 OAK BLUFF DR  
ORLANDO, FL 32827

**FEI Number: 20-2084478**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCALL, PARNELL L  
8746 OAK BLUFF DR  
ORLANDO, FL 32827 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name MCCALL, PARNELL L  
Address 8746 OAK BLUFF DR  
City-State-Zip: ORLANDO FL 32827

Title D  
Name MCCALL, LYNNELLE  
Address 8746 OAK BLUFF DR  
City-State-Zip: ORLANDO FL 32827

Title D  
Name MCCALL, PHYLENA M  
Address 6909 ALOMA AVE #17  
City-State-Zip: WINTER PARK FL 32792

Title D  
Name PAGE, PORTIA  
Address 806 MARGARET SQUARE  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name BOGAN, STANLEY  
Address P. O. BOX 413  
City-State-Zip: MT. DORA FL 32757-0413

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LYNNELLE MCCALL**

**ELDER**

**03/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date