

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45973

Entity Name: REVEALING TRUTH MINISTRIES CHRISTIAN CENTER, INC.**Current Principal Place of Business:**5201 N ARMENIA AVE
TAMPA, FL 33603**Current Mailing Address:**5201 N ARMENIA AVE
TAMPA, FL 33603 US**FEI Number:** 59-3089570**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**POWE, BRYAN
5201 N ARMENIA AVE
TAMPA, FL 33603 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:** BRYAN POWE

02/03/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CHAIRMAN
Name POWE, BRYAN
Address 5201 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title TREASURER, DIRECTOR
Name POWE, DEBORAH
Address 5201 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title D
Name MCCRAY, CALVIN
Address 4107 E. SEWAHA ST
City-State-Zip: TAMPA FL 33617

Title D
Name EZELL, REGINALD
Address 2800 UNION CHURCH ROAD SW
City-State-Zip: STOCKBRIDGE GA 30281

Title D
Name RILEY, HARRY
Address 9622 UTAH DR.
City-State-Zip: JONESBORO GA 30238

Title SECRETARY, DIRECTOR
Name POWE, RASHIDA T
Address 5201 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

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: RASHIDA POWE**EXECUTIVE DIRECTOR**

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date