

**2016 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:**

PO BOX 153127  
TAMPA, FL 33684-3127

**FEI Number:** 59-3089570

**Certificate of Status Desired:** Yes

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

POWE, GREGORY  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CPD  
Name POWE, GREGORY  
Address 16219 SIERRA DEALIVA  
City-State-Zip: TAMPA FL 33613

Title STD  
Name POWE, DEBORAH  
Address 16219 SIERRA DEALIVA  
City-State-Zip: TAMPA FL 33613

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

*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:** DEBORAH H POWE

**STD**

**03/22/2016**

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

\_\_\_\_\_  
Date