

**2023 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:** No**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

02/07/2023

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            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**SECRETARY**

02/07/2023

Electronic Signature of Signing Officer/Director Detail

Date