

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90104 022 ****70.00

DOCUMENT # N04000009795

1. Entity Name
FAITH AND TRUTH REVEALED MINISTRIES INC



Principal Place of Business
6215 EAST HILLSBORO
TAMPA, FL 33610

Mailing Address
6215 EAST HILLSBORO
TAMPA, FL 33610

50050479



2. Principal Place of Business
6215 East Hillsborough Avenue
Suite, Apt. #, etc.

3. Mailing Address
6215 East Hillsborough Avenue
Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
58-2605648

Applied For
Not Applicable

Zip
33610-5424

Country
USA

Zip
33610-5424

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, DWIGHT SR.
6215 EAST HILLSBORO
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6215 East Hillsborough Avenue

City
Tampa

FL

Zip Code

33610-5424

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

Dwight Brown Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/05

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	☒ Delete
NAME	HOUSE, OPHELIA	
STREET ADDRESS	5603 DREW CT.	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	T	☒ Delete
NAME	BROWN, SAMUEL	
STREET ADDRESS	1536 CREEK ROAD DRIVE	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	S	☒ Delete
NAME	JACOB, ANDREIONA	
STREET ADDRESS	7029 FLINT DR.	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	☒ Change ☐ Addition
NAME	Dwight Brown Sr.	
STREET ADDRESS	7029 Flint Drive	
CITY-ST-ZIP	Tampa, FL 33619-5436	
TITLE	T	☒ Change ☐ Addition
NAME	Jeffrey Warren	
STREET ADDRESS	3303 North Lakeview Drive Apt. 1913	
CITY-ST-ZIP	Tampa, FL 33618-1324	
TITLE	S	☒ Change ☐ Addition
NAME	Samantha Brown	
STREET ADDRESS	7029 Flint Drive	
CITY-ST-ZIP	Tampa, FL 33619-5436	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jeffrey Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05

Date

813-228-1314

Daytime Phone #