


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90284 032 \*\*\*\*70.00

<b>DOCUMENT # N04000009795</b> 1. Entity Name FAITH AND TRUTH REVEALED MINISTRIES INC	
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Principal Place of Business 6215 EAST HILLSBORO Unit # 108 TAMPA, FL 33610-5424	Mailing Address 6215 EAST HILLSBORO Unit # 108 TAMPA, FL 33610-5424
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**DO NOT WRITE IN THIS SPACE**



04172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 58-2605648	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROWN, DWIGHT SR.  
6215 EAST HILLSBORO Unit # 108  
TAMPA, FL 33610-5424

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BROWN, SR, DWIGHT 7029 FLINT DRIVE TAMPA, FL 336195936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WARREN, JEFFREY 33003 N LAKEVIEW DR APT 1913 TAMPA, FL 336181324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROWN, SAMANTHA 7029 FLINT DRIVE TAMPA, FL 336195936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Jeffrey Warren 4/28/06 813-228-1314  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #