

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45973

FILED  
Feb 07, 2006  
Secretary of State

**Entity Name:** REVEALING TRUTH MINISTRIES CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

5201 N ARMENIA AVE  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 153127  
TAMPA, FL 336843127

**New Mailing Address:**

**FEI Number:** 59-3089570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

POWE, GREGORY  
16219 SIERRA DEALIVA  
TAMPA, FL 33613 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete  
Name: POWE, GREGORY  
Address: 16219 SIERRA DEALIVA  
City-St-Zip: TAMPA, FL 33613

Title: STD ( ) Delete  
Name: POWE, DEBORAH  
Address: 16219 SIERRA DEALIVA  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: MCCRAY, CALVIN  
Address: 4107 E. SEWAHA ST  
City-St-Zip: TAMPA, FL 33617

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: EZELL, REGINALD  
Address: 2800 UNION CHURCH ROAD SW  
City-St-Zip: STOCKBRIDGE, GA 30281

Title: D ( ) Change (X) Addition  
Name: RILEY, THOMAS  
Address: 4705 CLUB COURSE DRIVE  
City-St-Zip: N. CHARLESTON, SC 29420

Title: D ( ) Change (X) Addition  
Name: RILEY, HARRY  
Address: 9662 UTAH DR.  
City-St-Zip: JONESBORO, GA 30238

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH H. POWE

STD

02/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date