

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N45973

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



Principal Place of Business
**5201 N ARMENIA AVE
TAMPA, FL 33603 US**

Mailing Address
**PO BOX 153127
TAMPA, FL 33684-3127**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3089570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POWE, GREGORY
5201 N ARMENIA AVE
TAMPA, FL 33603**

**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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	POWE, GREGORY
STREET ADDRESS	16219 SIERRA DEALIVA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	STD
NAME	POWE, DEBORAH
STREET ADDRESS	16219 SIERRA DEALIVA
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	D
NAME	MCCRAY, CALVIN
STREET ADDRESS	4107 E. SEWAHA ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	D
NAME	EZELL, REGINALD
STREET ADDRESS	2800 UNION CHURCH ROAD SW
CITY-ST-ZIP	STOCKBRIDGE, GA 30281
TITLE	D
NAME	RILEY, THOMAS
STREET ADDRESS	6060 RIVERS AVE
CITY-ST-ZIP	N CHARLESTON, SC 29406
TITLE	D
NAME	RILEY, HARRY
STREET ADDRESS	9622 UTAH DR.
CITY-ST-ZIP	JONESBORO, GA 30238

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01/23/08-80061-004 70.00

**DO NOT WRITE
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:

Deborah H. Powe

Deborah H. Powe

Date

1/4/08

Daytime Phone #

813-354-1135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR