

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45973

FILED
Feb 12, 2009
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
5201 N ARMENIA AVE
TAMPA, FL 33603 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: D () Delete
Name: EZELL, REGINALD
Address: 2800 UNION CHURCH ROAD SW
City-St-Zip: STOCKBRIDGE, GA 30281

Title: D () Delete
Name: RILEY, THOMAS
Address: 6060 RIVERS AVE
City-St-Zip: N CHARLESTON, SC 29406

Title: D () Delete
Name: RILEY, HARRY
Address: 9622 UTAH DR.
City-St-Zip: JONESBORO, GA 30238

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:

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

02/12/2009

Electronic Signature of Signing Officer or Director

Date