

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002193

FILED
Apr 14, 2009
Secretary of State

Entity Name: TRUTH REVEALED MINISTRIES, INC.

Current Principal Place of Business:

2838 PALM BAY RD. NE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60128
PALM BAY, FL 329060128 US

New Mailing Address:

1550 ORANGE BLOSSOM TRAIL, NE
PALM BAY, FL 32905 US

FEI Number: 59-3326188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, MERTON L
281 ABELLO RD, SE
PALM BAY, FL 32909 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: PDT () Delete
Name: CLARK, MERTON L
Address: 281 ABELLO RD SE
City-St-Zip: PALM BAY, FL 32909

Title: DS () Delete
Name: CLARK, NANETTE S
Address: 281 ABELLO RD SE
City-St-Zip: PALM BAY, FL 32909

Title: TD () Delete
Name: BROWN, SYLVESTER H
Address: 2140 BARNA AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: ELLIS, RONALD
Address: 918 DOUGLAS ST, SE
City-St-Zip: PALM BAY, FL 32909

Title: D () Delete
Name: RICHARDSON, WANNA
Address: 1220 CREEL RD, NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: GARDNER, ANTHONY
Address: 1190 ELDRON BLVD, SE
City-St-Zip: PALM BAY, FL 32909

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: () Change () Addition
Name:
Address:
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: NANETTE S CLARK

DS

04/14/2009

Electronic Signature of Signing Officer or Director

Date