

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 20 PM 12: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N17554 (9)**

1. Corporation Name

**EXPOSING SATAN'S POWER MINISTRIES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 11029  
ST PETERSBURG FL 33733

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ST PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/22/1986** 3a. Date of Last Report **04/08/1994**  
4. FEI Number **93-6089607** Applied For   
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired  **\$6.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, BENJAMIN**  
**3834-104TH AVE N**  
**CLEARWATER FL 34622**  
6620 1st. AVE: SOUTH  
ST. PETERSBURG.  
FL. 33707

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, BEN	1.2 NAME	
STREET ADDRESS	3834-104TH AVE-N 6620 1ST. AVE: SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL ST. PETERSBURG. FL. 33707	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURA, WAYNE	2.2 NAME	
STREET ADDRESS	2785 56TH ST., NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JAMES	3.2 NAME	
STREET ADDRESS	430 84TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LURA, ALBERTA	4.2 NAME	
STREET ADDRESS	2785 56TH ST., NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, MIRANDA M	5.2 NAME	
STREET ADDRESS	3834-104TH AVE-N. 6620 1st. AVE: SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL ST. PETERSBURG. FL.	5.4 CITY-ST-ZIP	
TITLE	CEO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOMBS, DEREK	6.2 NAME	
STREET ADDRESS	6300 30TH ST S	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Miranda M Alexander MIRANDA M. ALEXANDER APRIL 14, 1995 (813-345-4695)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #