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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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

P.O. BOX 11029  
ST PETERSBURG FL 33733-1029

3. Date Incorporated or Qualified  
10/22/1986

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
93-6089607

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, BENJAMIN  
6620 FIRST AVE S  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ALEXANDER, BEN  
STREET ADDRESS 6620 S FIRST AVE  
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE D  
1.2 NAME CHARLES WATROUS  
1.3 STREET ADDRESS 5923 17<sup>th</sup> AVE. N.  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE D  
NAME LURA, WAYNE  
STREET ADDRESS 2765 56TH ST., NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE D  
2.2 NAME PATRICIA WATROUS  
2.3 STREET ADDRESS 5923 17<sup>th</sup> AVE. N.  
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

TITLE D  
NAME COOK, JAMES  
STREET ADDRESS 430 64TH AVENUE  
CITY-ST-ZIP ST PETERSBURG BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  
NAME LURA, ALBERTA  
STREET ADDRESS 2765 56TH ST., NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME ALEXANDER, MIRANDA M  
STREET ADDRESS 6620 S FIRST AVE  
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE CEO  
NAME COOMBS, DEREK  
STREET ADDRESS 6300 30TH ST S  
CITY-ST-ZIP ST PETERSBURG FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRANDA M. ALEXANDER (813) 345-4695

JAN 6 1997

Daytime Phone # 0051311

CR2E037 (9/96)