


FILE NOW: FILING FEE IS \$61.25

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90126 077 \*\*\*\*\*8.75  
05-03-1999 90126 078 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N17554**  
 1. Corporation Name  
**EXPOSING SATAN'S POWER MINISTRIES, INC.**

Principal Place of Business P.O. BOX 11029 ST PETERSBURG FL 33733	Mailing Address P.O. BOX 11029 ST PETERSBURG FL 33733
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 93-6089607
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent  ALEXANDER, BENJAMIN 6620 FIRST AVE S ST PETERSBURG FL 33707	10. Name and Address of New Registered Agent 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	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALEXANDER, BEN		1.2 NAME WATROUS, CHARLES	
STREET ADDRESS 6620 S FIRST AVE		1.3 STREET ADDRESS 5923 17th AVE. N.	
CITY-ST-ZIP ST PETERSBURG FL		1.4 CITY-ST-ZIP ST. PETERSBURG FL. 33710	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LURA, WAYNE		2.2 NAME WATROUS, PATRICIA	
STREET ADDRESS 2765 56TH ST., NORTH		2.3 STREET ADDRESS 5923 17th AVE. N	
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP ST. PETERSBURG FL. 33710	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOK, JAMES		3.2 NAME	
STREET ADDRESS 430 64TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG BEACH FL		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LURA, ALBERTA		4.2 NAME	
STREET ADDRESS 2765 56TH ST., NORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP ST. PETERSBURG FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALEXANDER, MIRANDA M		5.2 NAME	
STREET ADDRESS 6620 S FIRST AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		5.4 CITY-ST-ZIP	
TITLE CEO	<input checked="" type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: MIRANDA M. ALEXANDER MIRANDA M. ALEXANDER, AP: 22-99 (727) 345-4695  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0053881  
CR2E037 (11/98)