


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90060 031 \*\*\*\*75.00

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



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

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**93-6089607**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**ALEXANDER, BENJAMIN**      Ben Alexander  
**6620 FIRST AVE S**      8115 Haven Harbour Way  
**ST PETERSBURG FL 33707**      Bradenton FL 34212-9360  
*c/a*

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE BEN ALEXANDER      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALEXANDER, BEN <i>c/a</i> Ben Alexander	
STREET ADDRESS	<del>8122 NATURE WAY UNIT 11</del> 8115 Haven Harbour Way	
CITY-ST-ZIP	<del>BRADENTON FL 34202</del> Bradenton FL 34212-9360	
TITLE	D	<input type="checkbox"/> Delete
NAME	LURA, WAYNE	
STREET ADDRESS	2765 56TH ST., NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, JAMES	
STREET ADDRESS	430 64TH AVENUE	
CITY-ST-ZIP	ST PETERSBURG BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LURA, ALBERTA	
STREET ADDRESS	2765 56TH ST., NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, MIRANDA M      8115 Haven Harbour Way	
STREET ADDRESS	<del>8122 NATURES WAY UNIT 11</del> Bradenton FL 34212-9360	
CITY-ST-ZIP	<del>BRADENTON FL 34202</del> <i>c/a</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Miranda M. Alexander      MIRANDA M. ALEXANDER      FEB: 10: 04 (941) 749-0121

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