


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90023 023 \*\*\*\*70.00

<b>DOCUMENT # N17554</b>			
1. Entity Name <b>EXPOSING SATAN'S POWER MINISTRIES, INC.</b>			
Principal Place of Business <b>P.O. BOX 11029 ST PETERSBURG FL 33733</b>		Mailing Address <b>P.O. BOX 11029 ST PETERSBURG FL 33733</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>ALEXANDER, BENJAMIN 149 CEDAR WOODS TRAIL 6305 TAMARCOVE BRADENTON FL 34202 CANTON, GA 30114</b>		7. Name and Address of New Registered Agent Name <b>B. GEORGINA WOOTTEN - CASE, B.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>880 OLEANDER WAY SOUTH #510</b> City <b>SOUTH PASADENA</b> FL Zip Code <b>33707</b>	
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 <i>B. Georgina Wootten - Case</i> <b>B. GEORGINA WOOTTEN - CASE, B.A. Feb 21 2006</b> (NOTE: Registered Agent signature required when reinstating) DATE			



1st MOORE CR2E037 (10/05)

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

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, BEN 149 CEDAR WOODS TRAIL 6305 TAMARCOVE BRADENTON FL 34202 CANTON, GA 30114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LURA, WAYNE 2765 56TH ST., NORTH ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, JAMES 101 WILDEY DRIVE 430 64TH AVENUE HILLSBORO ST PETERSBURG BEACH FL OHIO 45133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LURA, ALBERTA 2765 56TH ST., NORTH ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, MIRANDA M 149 CEDAR WOODS TRAIL 6305 TAMARCOVE BRADENTON FL 34202 CANTON, GA 30114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D B. GEORGINA WOOTTEN - CASE, B.A., 880 OLEANDER WAY SOUTH #510 SOUTH PASADENA, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 2006 (770) 573-1090**