


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

DOCUMENT # N17554				
1. Entity 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		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		7. Name and Address of New Registered Agent		
ALEXANDER, BENJAMIN 6305 TAMAGER COVE BRADENTON FL 34202		Name: B. GEORGINA WOOTTEN - CASE, B.A. Street Address (P.O. Box Number is Not Acceptable): 880 OLEANDER WAY SOUTH #510 City: SOUTH PASADENA FL Zip Code: 33707		
149 CEDAR WOODS TRAIL CANTON, GA 30114				
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>		SIGNATURE: <i>B. GEORGINA WOOTTEN - CASE, B.A.</i> DATE: <i>Feb 21 2006</i>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State				
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD ALEXANDER, BEN 6305 TAMAGER COVE BRADENTON FL 34202	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	149 CEDAR WOODS TRAIL CANTON, GA 30114		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D LURA, WAYNE 2765 56TH ST., NORTH ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D COOK, JAMES 490 64TH AVENUE ST PETERSBURG BEACH FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 WILDEY DRIVE HILLSBORO OHIO 45133		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	VD LURA, ALBERTA 2765 56TH ST., NORTH ST. PETERSBURG FL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D ALEXANDER, MIRANDA M 6305 TAMAGER COVE BRADENTON FL 34202	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	149 CEDAR WOODS TRAIL CANTON, GA 30114		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	D B. GEORGINA WOOTTEN - CASE, B.A., 880 OLEANDER WAY SOUTH #510 SOUTH PASADENA, FL 33707	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: 16: 2006 (770) 573-1090