


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 001 ****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 - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent

B. GEORGINA WOOTEN- CASE, B.A.
880 OLEANDER WAY SOUTH #510
SOUTH PASADENA FL 33707

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	POINT N.W
STREET ADDRESS	149 GEDAR WOODS TRAIL	1361 KILMARNOCK
CITY-ST-ZIP	CANTON GA 30114	KENNESAW GA 30152
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	101 WILDEY DRIVE	
CITY-ST-ZIP	HILLSBORO OH 45133	
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	POINT NW
STREET ADDRESS	149 GEDAR WOODS TRAIL	1361 KILMARNOCK
CITY-ST-ZIP	CANTON GA 30114	KENNESAW, GA 30152
TITLE	D	<input type="checkbox"/> Delete
NAME	B. GEORGINA WOOTEN CASE, B.A.	
STREET ADDRESS	880 OLEANDER WAY SOUTH #510	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY McMILLAN	
STREET ADDRESS	5725 46th AVE, N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
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 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 25 08 (678)394-0842