2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17554

FILED Mar 18, 2009 Secretary of State

Entity Name: EXPOSING SATAN'S POWER MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 11029 1340 KILMARNOCK PT NW ST PETERSBURG, FL 33733 KENNESAW, GA 30152 **Current Mailing Address: New Mailing Address:** P.O. BOX 11029 PO BOX 307 ST PETERSBURG, FL 33733 KENNESAW, GA 30156 FEI Number: 93-6089607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: B. GEORGINA WOOTEN- CASE B.A. 880 OLEANDER WAY SOUTH #510 SOUTH PASADENA, FL 33707 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ALEXANDER, BEN, ALEXANDER, BEN, Name: Name: 1361 KILMARNOCK POINT N.W. Address: 1340 KILMARNOCK POINT N.W. Address: City-St-Zip: KENNESAW, GA 30152 City-St-Zip: KENNESAW, GA 30152 Title: () Delete Title: () Change () Addition LURA, WAYNE, Name: Name: Address: 2765 56TH ST., NORTH Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: Title: () Delete Title: () Change () Addition COOK, JAMES, Name: Name: 101 WILDEY DRIVE Address: Address: City-St-Zip: HILLSBORO, OH 45133 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: LURA, ALBERTA, Name: 2765 56TH ST., NORTH Address: Address: City-St-Zip: ST. PETERSBURG, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition ALEXANDER, MIRANDA M ALEXANDER, MIRANDA M Name: Name: 1361 KILMARNOCK POINT NW 1340 KILMARNOCK POINT NW Address: Address: City-St-Zip: KENNESAW, GA 30152 City-St-Zip: KENNESAW, GA 30152 Title: () Delete Title: () Change () Addition B. GEORGINA WOOTEN -, CASE B.A. Name: Name: Address: 880 OLEANDER WAY SOUTH #510 Address: SOUTH PASADENA, FL 33707 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN ALEXANDER PRES 03/18/2009