


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90829 039 ****75.00

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

JUUJ2016



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent

ALEXANDER, BENJAMIN
6620 FIRST AVE S
ST PETERSBURG FL 33707

NEW Mr. Ben Alexander
8122 Natures Way Unit 11
Bradenton FL 34202

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXANDER, BEN 6620 S FIRST AVE ST PETERSBURG FL	<input type="checkbox"/> Delete	Mr. Ben Alexander 8122 Natures Way Unit 11 Bradenton FL 34202
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	D COOK, JAMES 430 64TH AVENUE ST PETERSBURG BEACH FL	<input type="checkbox"/> Delete	
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	D ALEXANDER, MIRANDA M 6620 S FIRST AVE ST PETERSBURG FL	<input type="checkbox"/> Delete	8122 Natures Way Unit 11 Bradenton FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 19 2003 (94) 907-4740**

CR2E037 (10/02)