


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90090 024 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764380**

1. Corporation Name  
**MIRACLE CRUSADE FIRST HOLINESS CHURCH OF THE LIVING GOD, INC.**

Principal Place of Business 435 DOUGLAS COURT FORT PIERCE FL 34950-2928	Mailing Address 435 DOUGLAS COURT FORT PIERCE FL 34950-2928
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2. Principal Place of Business 21 <b>Miracle Crusade 1st Holiness Church</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>435 Douglas Court</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>07/28/1982</b>
23 <b>Fort Pierce FL</b> City & State 24 <b>34950-2928</b> Zip Country <b>USA</b>	28 <b>fort Pierce FL</b> City & State 29 <b>34950-2928</b> Zip Country <b>USA</b>	4. FEI Number <b>65-0211798</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>WARE, ELIZA</b> <b>2004 AVE M</b> <b>FT. PIERCE FL 34950</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Cornelius Bernard* DATE **3/11/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD BERNARD, C. A.</b>	1.2 NAME	
STREET ADDRESS	<b>435 DOUGLAS COURT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP BERNARD, MILDRED</b>	2.2 NAME	
STREET ADDRESS	<b>435 DOUGLAS COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD GUY ANDERSON</b>	3.2 NAME	
STREET ADDRESS	<b>435 DOUGLAS CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD WARE, ELIZA</b>	4.2 NAME	<b>SD Evelyn Carter</b>
STREET ADDRESS	<b>2004 AVE M.</b>	4.3 STREET ADDRESS	<b>435 Douglas Court</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	4.4 CITY-ST-ZIP	<b>ft. Pierce FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SHAW, A. P.</b>	5.2 NAME	
STREET ADDRESS	<b>435 DOUGLAS COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SMITH, RAYMOND</b>	6.2 NAME	
STREET ADDRESS	<b>435 DOUGLAS COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cornelius Bernard* DATE **3/11/99** DAYTIME PHONE # **1-561-465-7316**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)