

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90147 043 ****61.25

DOCUMENT # 764380

1. Entity Name

MIRACLE CRUSADE FIRST HOLINESS CHURCH OF THE LIV ✓

Principal Place of Business

Mailing Address

MIRACLE CRUSADE 1ST HOLINESS CHURCH
 FORT PIERCE FL 34950-2928

435 DOUGLAS COURT
 FORT PIERCE FL 34950-2928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0211798

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARE, EILZA
 2004 AVE M
 FT. PIERCE FL 34950

Name Sharon L. Johnson
 Street Address (P.O. Box Number is Not Acceptable)
107 North 37th Street
 City Fort Pierce **FL** Zip Code 34950

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.

SIGNATURE

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

07-24-00
DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNARD, C. A.	
STREET ADDRESS	435 DOUGLAS COURT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BERNARD, MILDRED	
STREET ADDRESS	435 DOUGLAS COURT	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GUY ANDERSON	
STREET ADDRESS	435 DOUGLAS CT.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, EVELYN	
STREET ADDRESS	435 DOUGLAS COURT	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAW, A. P.	
STREET ADDRESS	435 DOUGLAS COURT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RAYMOND	
STREET ADDRESS	435 DOUGLAS COURT	
CITY-ST-ZIP	FT PIERCE FL	

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID MCLEAN	
STREET ADDRESS	435 Douglas Court	
CITY-ST-ZIP	Fort Pierce, FL 34950	
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 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:

Evelyn Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00
Date

(561) 465-7316
Daytime Phone #

CR2E037 (5/00)