

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

07-02-2001 90003 003 ****70.00

DOCUMENT # 764380

1. Entity Name

MIRACLE CRUSADE FIRST HOLINESS CHURCH OF THE LIV

Principal Place of Business

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

Mailing Address

435 DOUGLAS COURT
 FORT PIERCE FL 34950-2928

C0072348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Miracle Crusade
 1st Holiness Church
 Fort Pierce Florida

3. Mailing Address

435 Douglas Court
 Fort Pierce FL
 34950-2928

City & State

Fort Pierce Florida

Zip
 34950 2928

Country
 USA

City & State

Fort Pierce FL
 34950-2928

Zip

Country

4. FEI Number

65-0211798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SHARON L
 107 NORTH 37TH STREET
 FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name *The Same*
 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.

SIGNATURE PASTOR C. A. BERNARD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

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

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 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 type="checkbox"/> Delete
NAME	SHAW, A. P.	
STREET ADDRESS	435 DOUGLAS COURT	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, RAYMOND	
STREET ADDRESS	435 DOUGLAS COURT	
CITY-ST-ZIP	FT PIERCE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>The Same</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>The Same</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>The Same</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>The Same</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>The Same</i>
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: PASTOR C. A. BERNARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0082369

CR2E037 (10/00)



Attachments

Miracle Crusade First Holiness Church, Inc.

435 Douglas Court • Ft. Pierce, FL 34950 • (407) 465-9868

"Evangelist" C.A. BERNARD

DOC # 764380
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Attention: Sir / Madam

I would just want to inform
you that we were out of
State. Sorry for the
inconvenience.

Attach is money order of
\$70.00.

Yours truly

PASTOR C. A. Bernard.