


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 764380

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



Principal Place of Business Mailing Address

**MIRACLE CRUSADE 1ST HOLINESS CHURCH
 FORT PIERCE, FL 34950-2928** **435 DOUGLAS COURT
 FORT PIERCE, FL 34950-2928**

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06112004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For

NOT APPLICABLE 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**

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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

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNARD, C. A. 435 DOUGLAS COURT FT PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNARD, MILDRED 435 DOUGLAS COURT FT. PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUY ANDERSON 435 DOUGLAS CT. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, EVELYN 435 DOUGLAS COURT FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, A. P. 435 DOUGLAS COURT FT PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RAYMOND 435 DOUGLAS COURT FT PIERCE FL

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 06/17/04-80001-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(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: *Co. Bernard* 6-12-04 465-7316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #