


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 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 **435 DOUGLAS COURT**
FORT PIERCE FL 34950-2928 **FORT PIERCE FL 34950-2928**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
NO-T 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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	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		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000504854
 04/26/06-80081-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Guadalupe C. A. Bernard* CA Bernard (MIA) 465-7316