


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 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 MIRACLE CRUSADE 1ST HOLINESS CHURCH FORT PIERCE, FL 34950-2928	Mailing Address 435 DOUGLAS COURT FORT PIERCE, FL 34950-2928
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DO NOT WRITE IN THIS SPACE

04162007 No Chg-NP CR2E037 (4/06)

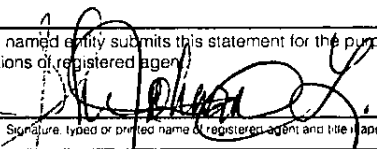
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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: 04-16-07

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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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U00000718216
05/01/07-80013-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE: 4-16-07 DAYTIME PHONE: (772) 465-8371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR