

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90008 016 \*\*\*\*61.25



**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**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



1st MOORE CR2E037 (10/07)

4. FEI Number: **NO-T APPLICABLE** 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: \_\_\_\_\_  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: BERNARD, C. A. STREET ADDRESS: 435 DOUGLAS COURT CITY-ST-ZIP: FT PIERCE FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BERNARD, MILDRED STREET ADDRESS: 435 DOUGLAS COURT CITY-ST-ZIP: FT. PIERCE FL 34950	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GUY ANDERSON STREET ADDRESS: 435 DOUGLAS CT. CITY-ST-ZIP: FT. PIERCE FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CARTER, EVELYN STREET ADDRESS: 435 DOUGLAS COURT CITY-ST-ZIP: FT. PIERCE FL	<input checked="" type="checkbox"/> Delete	TITLE: Church Secretary NAME: _____ STREET ADDRESS: 107 North 37th Street CITY-ST-ZIP: Fort Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SHAW, A. P. STREET ADDRESS: 435 DOUGLAS COURT CITY-ST-ZIP: FT PIERCE FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SMITH, RAYMOND STREET ADDRESS: 435 DOUGLAS COURT CITY-ST-ZIP: FT PIERCE FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 2/8/08 (77a) 216-5813