

# 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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

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

(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

TITLE PD ☐ Delete  
NAME BERNARD, C. A.  
STREET ADDRESS 435 DOUGLAS COURT  
CITY- ST- ZIP FT PIERCE FL

TITLE VP ☐ Delete  
NAME BERNARD, MILDRED  
STREET ADDRESS 435 DOUGLAS COURT  
CITY- ST- ZIP FT. PIERCE FL 34950

TITLE TD ☐ Delete  
NAME GUY ANDERSON  
STREET ADDRESS 435 DOUGLAS CT.  
CITY- ST- ZIP FT. PIERCE FL

TITLE SD ☒ Delete  
NAME CARTER, EVELYN  
STREET ADDRESS 435 DOUGLAS COURT  
CITY- ST- ZIP FT. PIERCE FL

TITLE D ☐ Delete  
NAME SHAW, A. P.  
STREET ADDRESS 435 DOUGLAS COURT  
CITY- ST- ZIP FT PIERCE FL

TITLE D ☐ 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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition  
NAME Church Secretary  
STREET ADDRESS 107 North 37th Street  
CITY- ST- ZIP Fort Pierce, FL 34950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

(772) 216-5813