2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764380

FILED May 12, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

MIRACLE CRUSADE 1ST HOLINESS CHURCH 435 DOUGLAS COURT FORT PIERCE, FL 349502928 FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

435 DOUGLAS COURT FORT PIERCE, FL 349502928 FORT PIERCE, FL 34950

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, SHARON L
107 NORTH 37TH STREET
435 DOUGLAS COURT
FT. PIERCE, FL 34950 US
FT. PIERCE, FL 34950 US

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.

SIGNATURE: 05/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 BERNARD, C. A.
 Name:
 BERNARD, C A

 Address:
 435 DOUGLAS COURT
 Address:
 435 DOUGLAS COURT

 City-St-Zip:
 FT PIERCE FL,
 City-St-Zip:
 FT PIERCE, FL 34950

Title: VP () Delete Title: () Change () Addition Name: BERNARD, MILDRED Name:

 Name:
 BERNARD, MILDRED
 Name:

 Address:
 435 DOUGLAS COURT
 Address:

 City-St-Zip:
 FT. PIERCE, FL 34950
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 GUY ANDERSON
 Name:
 ANDERSON, GUY

 Address:
 435 DOUGLAS CT.
 Address:
 435 DOUGLAS CT.

 City-St-Zip:
 FT. PIERCE, FL
 Sty-St-Zip:
 FT. PIERCE, FL
 34950

 Name:
 SHAW, A. P.
 Name:
 MCLEAN, DAVID R

 Address:
 435 DOUGLAS COURT
 Address:
 435 DOUGLAS COURT

 City-St-Zip:
 FT PIERCE FL,
 City-St-Zip:
 FORT PIERCE, FL 34950

Title: D (X) Delete Title: () Change () Addition

 Name:
 SMITH, RAYMOND
 Name:

 Address:
 435 DOUGLAS COURT
 Address:

 City-St-Zip:
 FT PIERCE FL,
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNSON SHARON S 05/12/2009