

**2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 764380

**FILED**  
**Sep 04, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

435 DOUGLAS COURT  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

435 DOUGLAS COURT  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 80-0240697      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOHNSON, SHARON L  
435 DOUGLAS COURT  
FT. PIERCE, FL 34950      US

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

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: SHERON L JOHNSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BERNARD, C A  
Address: 435 DOUGLAS COURT  
City-St-Zip: FT PIERCE, FL 34950

Title: VP  
Name: BERNARD, MILDRED  
Address: 435 DOUGLAS COURT  
City-St-Zip: FT. PIERCE, FL 34950

Title: TD  
Name: ANDERSON, GUY  
Address: 435 DOUGLAS CT.  
City-St-Zip: FT. PIERCE, FL 34950

Title: M  
Name: MCLEAN, DAVID R  
Address: 435 DOUGLAS COURT  
City-St-Zip: FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: C A BERNARD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P D

09/04/2013

\_\_\_\_\_  
Date