## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N47351**

1. Entity Name FORTRESS MINISTRIES, INC.

Principal Place of Business .....

23572 NE BLUE CREEK ROAD HOSFORD, FL 32334 Mailing Address . . .

23572 NE BLUE CREEK ROAD HOSFORD, FL...32334.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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.4. FEI Number. Applied For 59-3189202 Not Applicable

5. Certificate of Status Desired S8.75 Additional

6. Name and Address of Current Registered Agent

HOSFORD, KENNETH L... HWY 65N AND KENT STREET... HOSFORD, FL 32334

## DO NOT WRITE IN THIS SPACE

Be-Time shares removed entity submits this statement for the purpose of changing the registered agent, or both, in the State of Borida: 1 and Summer of the purpose of changing the registered agent, or both, in the State of Borida: 1 and Summer of the purpose of changing the registered agent, or both, in the State of Borida: 1 and Summer of the purpose of the Applicable.    Signature:   Signat						
SIGNATURE    Signature, Speak or protect summer of regulatered agent with the 8 applicables.   POTE Projettmend Agent Signature renulted when mensioning)   DATE			pose of changing its registered office or	registered agent; or but	h, in the State of Florida: Fam far	willian with; and accept
Filling, Fee Is, \$61, 25 Due by May 1, 2004  10. OFFICERS AND DIRECTORS  TITLE HOSFORD, KENNETH L. PO BOX 239 NA HOSFORD, FL 32334  TITLE HOSFORD, RUSSEL RT. 1 BOX 96 TOTH-STORD HOSFORD, FL 32334  TITLE DT BLACK, HUGH-HOSFORD, FL 32334  TITLE DT SUMMER. EARNIE RT 1 BOX 68  CITY-SI-2P HOSFORD, FL 32334  TITLE DT SUMMER. EARNIE RT 1 BOX 68  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  NAME SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  NAME SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  NAME SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  NAME SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  SIREIT ADDRESS  CITY-SI-2P HOSFORD, FL 32334  TITLE NAME  TITLE NAM	the obligati	ons or registered agent.				; [
Filling Fee is \$61.25						
TILE DV HOSFORD, KENNETH L. STREET ADDRESS CITY-ST-2IP DO NOT WRITE STREET ADDRESS CITY-ST-2IP HOSFORD, FL 32334  TILE DV HOSFORD, RUSSEL RT. 1 BOX 96		Signature, typed or printed name of registered agent and title if ap	pplicable(NQTE: Registered Agent signatur	e required when reinstating)	. DATE	<u> </u>
TITLE				\$5.00 May Be Added to Fees	д»	.]
MAME   HOSFORD, KENNETH L.     PO BOX 239 NA     HOSFORD, FL 32334     TILE   DV     HOSFORD, RUSSEL     STREET ADDRESS     CITY-ST-ZIP     DT     NAME     STREET ADDRESS     CITY-ST-ZIP     DT     SLACK, HUGH     SUMMER, EARNIE     RT 1 BOX 68     HOSFORD, FL 32334     TILE     DD     NAME     SUMMER, EARNIE     RT 1 BOX 68     HOSFORD, FL 32334     TILE     NAME     SIREET ADDRESS     CITY-ST-ZIP     CITY-ST-Z	10.	OFFICERS AND DIRECTO	ORS (%)			
NAME	NAME STREET ADDRESS	HOSFORD, KENNETH L. PO BOX 239 NA				
BLACK, HUGH STREET ADDRESS CITY-ST-ZIP HOSFORD, FL 32334.  DO NOT WRITE IN THIS SPACE  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDR	NAME STREET ADDRESS	HOSFORD, RUSSEL RT. 1 BOX 96****		50 105/07	00035735 <b>1</b> 704-01020-023	1/5 **61.25
NAME SUMMER, EARNIE STREET ADDRESS CITY-ST-ZIP HOSFORD, FL 32334  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	- NAME - Street address	BLACK, HUGH** - -23572 NE BLUE CREEK-ROAD		DO	NOT WRITE	
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  ***	NAME STREET ADDRESS	SUMMER, EARNIE RT 1 BOX 68		IN	THIS SPACE	
NAME STREET ADDRESS	NAME STREET ADDRESS					
■ Contraction of the Contractio	NAME Street address			3		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 oalh; 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; of or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

933-7389

Daytime Phone