2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
04 APR 27 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47351

1. Entity Name
FORTRESS MINISTRIES, INC.

Principal Place of Business	Mailing Address
23572 NE BLUE CREEK ROAD HOSFORD, FL 32334	23572 NE BLUE CREEK ROAD HOSFORD, FL 32334

04262004 No Chg-NP CR2E037(10/03)

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HOSFORD, KENNETH L.
STREET ADDRESS	PO BOX 239 NA
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	DV
NAME	HOSFORD, RUSSEL
STREET ADDRESS	RT 1 BOX 96
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	DT
NAME	BLACK, HUGH
STREET ADDRESS	23572 NE BLUE CREEK ROAD
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	D
NAME	SUMMER, EARNIE
STREET ADDRESS	RT 1 BOX 68
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/07/04--01020--023 **61.25

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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 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: Hugh C Black 4-27-04 933-7389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #