2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47351

Entity Name: FORTRESS MINISTRIES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
23572 NE BLUE CREEK ROAD HOSFORD, FL 32334	

Current Mailing Address:	**New Mailing Address:**
23572 NE BLUE CREEK ROAD HOSFORD, FL 32334	

FEI Number: 59-3189202   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HOSFORD, KENNETH L HWY 65N AND KENT STREET HOSFORD, FL 32334 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: _____

      Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES
Title:	DP ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HOSFORD, KENNETH L.,	Name:	
Address:	PO BOX 239 NA	Address:	
City-St-Zip:	HOSFORD, FL 32334	City-St-Zip:	
Title:	DV ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HOSFORD, RUSSEL,	Name:	
Address:	RT. 1 BOX 96	Address:	
City-St-Zip:	HOSFORD, FL 32334	City-St-Zip:	
Title:	DT ( ) Delete	Title:	( ) Change ( ) Addition
Name:	BLACK, HUGH	Name:	
Address:	23572 NE BLUE CREEK ROAD	Address:	
City-St-Zip:	HOSFORD, FL 32334	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SUMMER, EARNIE	Name:	
Address:	RT 1 BOX 68	Address:	
City-St-Zip:	HOSFORD, FL 32334	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HUGH C. BLACK   DT   04/30/2005

      Electronic Signature of Signing Officer or Director   Date