

2006 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

06 APR 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-3189202	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

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

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04/28/06--01052--004 **70.00

**DO NOT WRITE
IN THIS SPACE**

K. Eckel APR 19 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Hugh C. Black 04-19-06 (850) 933-7389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #