

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47351

FILED
Apr 30, 2007
Secretary of State

Entity Name: FORTRESS MINISTRIES, INC.

Current Principal Place of Business:

23572 NE BLUE CREEK ROAD
HOSFORD, FL 32334

New Principal Place of Business:

Current Mailing Address:

23572 NE BLUE CREEK ROAD
HOSFORD, FL 32334

New Mailing Address:

FEI Number: 59-3189202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOSFORD, KENNETH L.,
Address: PO BOX 239 NA
City-St-Zip: HOSFORD, FL 32334

Title: DV () Delete
Name: HOSFORD, RUSSEL,
Address: RT. 1 BOX 96
City-St-Zip: HOSFORD, FL 32334

Title: DT () Delete
Name: BLACK, HUGH
Address: 23572 NE BLUE CREEK ROAD
City-St-Zip: HOSFORD, FL 32334

Title: D () Delete
Name: SUMMER, EARNIE
Address: RT 1 BOX 68
City-St-Zip: HOSFORD, FL 32334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: HOSFORD, RUSSEL,
Address: 15157 NE SR 65
City-St-Zip: HOSFORD, FL 32334

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SUMMER, EARNIE
Address: 18634 NE OLD BLUE CREEK RD
City-St-Zip: HOSFORD, FL 32334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/30/2007

Electronic Signature of Signing Officer or Director

Date