

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47351

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** FORTRESS MINISTRIES, INC.

**Current Principal Place of Business:**

15157 NE STATE ROAD 65  
HOSFORD, FL 32334

**New Principal Place of Business:**

**Current Mailing Address:**

15157 NE STATE ROAD 65  
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  
**Name:** HOSFORD, KENNETH L.  
**Address:** PO BOX 239 NA  
**City-St-Zip:** HOSFORD, FL 32334

**Title:** DVT  
**Name:** HOSFORD, RUSSELL  
**Address:** 15157 NE STATE ROAD 65  
**City-St-Zip:** HOSFORD, FL 32334

**Title:** D  
**Name:** SUMMER, EARNIE  
**Address:** 18634 NE OLD BLUE CREEK RD  
**City-St-Zip:** HOSFORD, FL 32334

I hereby 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 all other like empowered.

**SIGNATURE:** RUSSELL HOSFORD

DVT

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date