2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0067291

DOCUMENT # N47351

1. Entity Name

FORTRESS MINISTRIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -4 PM 4:52

Principal Place of Business	Mailing Address
RT. 1 BOX 59H HOSFORD FL 32334	RT. 1 BOX 59H HOSFORD FL 32334

2. Principal Place of Business	3. Mailing Address
23572 NE BLUE CREEK ROAD	23572 NE BLUE CREEK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOSFORD FL	City & State: HOSFORD FL
Zip: 32334 Country: USA	Zip: Country: U.S.A

☑ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
HOSFORD, KENNETH L. HWY 65N AND KENT STREET HOSFORD FL 32334	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOSFORD, KENNETH L. PO BOX 239 NA HOSFORD FL 32334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900016230419 04/18/03--01007--013 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOSFORD, RUSSEL RT. 1 BOX 96 HOSFORD FL 32334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BLACK, HUGH ROUTE 1 BOX 59 H HOSFORD FL 32334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISON, FRANK P.O. BOX 356 N/A BRISTOL FL 32321	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 4-4-03 (850)933-7389