


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006646</b> 1. Entity Name <b>MIGHTY FORTRESS OF GOD MINISTRIES, INC.</b>	
--	---

Principal Place of Business <b>967 SW 113TH TERRACE PEMBROKE PINES, FL 33025</b>	Mailing Address <b>967 SW 113TH TERRACE PEMBROKE PINES, FL 33025</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0961301</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RACKLEY, DEDRIE  
967 SW 113TH TERR  
PEMBROKE PINES, FL 33025**

**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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000152709 05/04/04-80096-006 61.25</b>
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RACKLEY, MICHAEL 967 SW 113TH TERR PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DILLARD, JANICE 3541 W BROWARD BLVD FT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RACKLEY, DEDRIE 967 SW 113TH TERR PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CADESTIN, JIMMY 3050 NW 183RD ST MIRAMAR, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILAIRE, YVES 647 MIRAMAR PKWY MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**U000000152709  
05/04/04-80096-007 8.75**

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:** *Michael L. Rackley* **Michael L. Rackley, President** **4/30/04 (954) 478-0514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #