

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

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90295 043 \*\*\*\*70.00

DOCUMENT # NA9 000006646

1. Entity Name

Mighty Fortress of God Ministries, Inc.

**DO NOT WRITE IN THIS SPACE**

40068208

2. Principal Place of Business

21485 N.W. 27th Ave  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 246295  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0961301

☒ Applied For

☐ Not Applicable

Zip

33056

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Onesha Knight

Street Address (P.O. Box Number is Not Acceptable)

18600 NW 27th Ave

City

OPA Haka, FL

FL

Zip Code

33056

**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.

SIGNATURE

Onesha Knight

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/05

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE President  
NAME Michael Hackley  
STREET ADDRESS P.O. box 246295  
CITY-ST-ZIP Pembroke Pines, FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President  
NAME Janice Dillard  
STREET ADDRESS 3541 West Broward Blvd  
CITY-ST-ZIP Fort Lauderdale, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Chairman  
NAME Arlene Lawton Davis  
STREET ADDRESS 26740 S.W. 138th  
CITY-ST-ZIP Naranja, FL 33032

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary  
NAME Onesha Knight  
STREET ADDRESS 18600 NW 27th Ave  
CITY-ST-ZIP OPA Haka, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer  
NAME Rasheed Rose  
STREET ADDRESS 3106 NW 203rd lane  
CITY-ST-ZIP Miami, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address, with all other ~~the~~ empowered.

SIGNATURE:

Michael L. Hackley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05  
Date

(954) 478-0514  
Daytime Phone #

CR2E037B (12/01)