


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 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>21485 NW 27TH AVE OPA LOCKA, FL 33056</b>	Mailing Address <b>P O BOX 246295 PEMBROKE PINES, FL 33024</b>
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04282008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>KNIGHT, ONESHA 18600 NW 27TH AVE OPA LOCKA, FL 33056</b>
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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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RACKLEY, MICHAEL P O BOX 246295 PEMBROKE PINES, FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV DILLARD, JANICE 3541 W BROWARD BLVD FT LAUDERDALE, FL 33319</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C DAVIS, ARLENE L 28740 SW 138 CT NARANJA, FL 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KNIGHT, ONESHA 18600 NW 27TH CT OPA LOCKA, FL 33056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROSE, RASHEED 3106 NW 203RD LANE OPA LOCKA, FL 33056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000548616  
05/12/06-80070-014 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

<b>SIGNATURE:</b>  <b>Michael L. Rackley</b> 4/28/06 (954) 478-0514	Date _____	Daytime Phone # _____
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