

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N99000006646

1. Entity Name

MIGHTY FORTRESS OF GOD MINISTRIES, INC.



Principal Place of Business

21485 NW 27TH AVE
OPA LOCKA, FL 33056

Mailing Address

P O BOX 246295
PEMBROKE PINES, FL 33024

04272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0961301Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, ONESHA
18600 NW 27TH AVE
OPA LOCKA, FL 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. 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 reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RACKLEY, MICHAEL P O BOX 246295 PEMBROKE PINES, FL 33024
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	C DAVIS, ARLENE L 26740 SW 138 CT NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KNIGHT, ONESHA 18600 NW 27TH CT OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROSE, RASHEED 3106 NW 203RD LANE OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

180000747485
05/17/07-90024-012 61.25

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IN THIS SPACE**

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.

SIGNATURE:

Michael L. Rackley Michael L. Rackley Resident 4/27/07 (954) 478-0514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #