


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
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
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04212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0961301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

DO NOT WRITE IN THIS SPACE

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05/14/08-80028-005.61.25

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 H. Rackley* *President* *4/21/08* *(454) 478-0514*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #