

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006646

FILED
Apr 22, 2009
Secretary of State

Entity Name: MIGHTY FORTRESS OF GOD MINISTRIES, INC.

Current Principal Place of Business:

21485 NW 27TH AVE
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

P O BOX 246295
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0961301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNIGHT, ONESHA
18600 NW 27TH AVE
OPA LOCKA, FL 33056 US

Name and Address of New Registered Agent:

MARSHALL, ANDREA
21318 SW 130TH PL
MIAMI, FL 33177 US

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: ANDREA MARSHALL

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RACKLEY, MICHAEL
Address: P O BOX 246295
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DV () Delete
Name: DILLARD, JANICE
Address: 3541 W BROWARD BLVD
City-St-Zip: FT LAUDERDALE, FL 33319

Title: C () Delete
Name: DAVIS, ARLENE L
Address: 26740 SW 138 CT
City-St-Zip: NARANJA, FL 33032

Title: S () Delete
Name: KNIGHT, ONESHA
Address: 18600 NW 27TH CT
City-St-Zip: OPA LOCKA, FL 33056

Title: T () Delete
Name: ROSE, RASHEED
Address: 3106 NW 203RD LANE
City-St-Zip: OPA LOCKA, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MARSHALL, ANDREA
Address: 21318 SW 130TH PL
City-St-Zip: MIAMI, FL 33177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. RACKLEY

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date