

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90034 011 \*\*\*\*61.25

**DOCUMENT # N99000007165**

1. Entity Name

**MIGHTY FORTRESS RETIREMENT COMMUNITY, INC.**



Principal Place of Business

**6150 N. LECANTO HWY.  
BEVERLY HILLS FL 34465**

Mailing Address

**P.O. BOX 640313  
BEVERLY HILLS FL 34464**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3624161**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSTON, ROBERT G REV.  
9242 N. COMMODORE DR.  
CITRUS SPRINGS FL 34434**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **NOMMENSEN, DENNIS**  
STREET ADDRESS **1807 N MUSIAL PT**  
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE **TS** ☐ Delete  
NAME **LEINBERGER, ALLEN**  
STREET ADDRESS **2649 WEST MESA VERDE DRIVE**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **V** ☐ Delete  
NAME **LUPU, EMIL**  
STREET ADDRESS **10308 EAST VICTORY LANE**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☒ Delete  
NAME **JOHNSTON, TIMOTHY**  
STREET ADDRESS **6150 NORTH LECANTO HWY**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **D** ☒ Delete  
NAME **MORGENSTERN, ROBERT O**  
STREET ADDRESS **5558 NO. SUMMERFIELD PT.**  
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

TITLE **D** ☐ Delete  
NAME **HAMBEL, MARTIN**  
STREET ADDRESS **3670 W CIGWOOD CIRCLE**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **5850 N CLAREMONT DR**  
STREET ADDRESS **CITRUS SPRINGS, FL 34434**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☒ Change ☐ Addition  
NAME **REV. ROBERT G. JOHNSTON**  
STREET ADDRESS **9242 N. COMMODORE DR.**  
CITY-ST-ZIP **CITRUS SPRINGS, FL. 34434**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Allen Leinberger* **ALLEN LEINBERGER**

**4/04/06**

**352-527-3551**