2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N99000007165

Entity Name: MIGHTY FORTRESS RETIREMENT COMMUNITY, INC.

Current Principal Place of Business:

6150 N. LECANTO HWY.
BEVERLY HILLS, FL 34465

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640313
BEVERLY HILLS, FL 34464

New Mailing Address:

FEI Number: 59-3624161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	NOMMENSEN, DENNIS	
Address:	5850 NORTH CLAREMOUNT DR	
City-St-Zip:	CITRUS SPRINGS, FL 34434	
Title:	TS	( ) Delete
Name:	LEINBERGER, ALLEN	
Address:	2649 WEST MESA VERDE DRIVE	
City-St-Zip:	BEVERLY HILLS, FL 34465	
Title:	V	( ) Delete
Name:	LUPU, EMIL	
Address:	10308 EAST VICTORY LANE	
City-St-Zip:	INVERNESS, FL 34450	
Title:	C	( ) Delete
Name:	JOHNSTON, ROBERT G REV	
Address:	9242 NORTH COMMODORE DR	
City-St-Zip:	CITRUS SPRINGS, FL 34434	
Title:	D	( ) Delete
Name:	RAMMELL, WILBERT	
Address:	1994 W. LABONTE CR.	
City-St-Zip:	BEVERLY HILLS, FL 34465	
Title:	D	( ) Delete
Name:	SHOLES, KEN	
Address:	15598 SW 16TH AVE.	
City-St-Zip:	OCALA, FL 34473	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALLEN LEINBERGER TS 01/20/2009
Electronic Signature of Signing Officer or Director — Date