

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

63 MAY 11 AM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715125 (1)

1. Corporation Name

CONQUISTADOR HISTORICAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

910 3RD AVE W
BRADENTON FL 34205

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BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1968

3a. Date of Last Report
03/18/1994

4. FEI Number
59-6161989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 194 U.S.C.,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILCOX, DAVID W.
308 13TH ST W
BRADENTON FL 34205**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title of signature)

(Signature) Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD-
NAME	PICKERING, AUSTIN
STREET ADDRESS	904 21ST AVE. W.
CITY, ST, ZIP	PALMETTO FL
TITLE	PEVD
NAME	SPRENGER, THOMAS DR
STREET ADDRESS	8221 DE SOTO HWY NW
CITY, ST, ZIP	BRADENTON FL
TITLE	BD-
NAME	BURNS, ROBERT
STREET ADDRESS	1911 78TH ST NW
CITY, ST, ZIP	BRADENTON, FL 00000
TITLE	PD-
NAME	GOODSON, MARK
STREET ADDRESS	1000 17TH ST W
CITY, ST, ZIP	PALMETTO FL
TITLE	VD-
NAME	THEROUX, WILLIAM
STREET ADDRESS	4909 PALM AVE DR
CITY, ST, ZIP	SARASOTA FL
TITLE	VD-
NAME	REGAL, RYAN
STREET ADDRESS	2111 78ST CIR W
CITY, ST, ZIP	BRADENTON FL

11 TITLE	T/D	☐ Change ☒ Addition
12 NAME	RICHARDSON, ROBERT	
13 STREET ADDRESS	5219 12th AVE DR W	
14 CITY, ST, ZIP	BRADENTON FL	
21 TITLE	P/D	☒ Change ☐ Addition
22 NAME	SPRENGER, DR. THOMAS	
23 STREET ADDRESS	8221 DE SOTO HWY NW	
24 CITY, ST, ZIP	BRADENTON FL	
31 TITLE	S/D	☐ Change ☒ Addition
32 NAME	HARRIS, RICK	
33 STREET ADDRESS	5541 FORESTER LAKE DR	
34 CITY, ST, ZIP	SARASOTA, FL	
41 TITLE	P/E/D	☐ Change ☒ Addition
42 NAME	RUSSELL, GERRY	
43 STREET ADDRESS	365 6th AVE W	
44 CITY, ST, ZIP	BRADENTON FL	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on the additions with an address.

SIGNATURE:

Thomas R. Sprenger
SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR
THOMAS R. SPRENGER

5-5-95
Date

813-747-1998
Telephone Number