

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 715125 (1)
1. Corporation Name
CONQUISTADOR HISTORICAL FOUNDATION, INC.

Principal Place of Business

910 3RD AVE W
BRADENTON FL 34205

Mailing Address

910 3RD AVE W
BRADENTON FL 34205



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/19/1968	3a. Date of Last Report 05/11/1995
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 59-6161989	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (for foreign filers)

(NOTE: Registered Agent signature required when first state agent)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	TD
NAME	RICHARDSON, ROBERT	12 NAME	Pickering, Austin
STREET ADDRESS	5219 12TH AVE DR W	13 STREET ADDRESS	904 21st Ave. W.
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	PD	21 TITLE	
NAME	SPRENGER, DR. THOMAS	22 NAME	
STREET ADDRESS	8221 DE SOTO HWY NW	23 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	SD
NAME	HARRIS, RICK	32 NAME	Russell, William
STREET ADDRESS	5541 FORESTER LAKE DRIVE	33 STREET ADDRESS	3710 18th Ave. W.
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Bradenton, FL 34205
TITLE	PED	41 TITLE	
NAME	RUSSELL, GERRY	42 NAME	
STREET ADDRESS	365 6TH AVE W	43 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Austin R. Pickering

April 24, 1996 (941)747-1998

CR2E037 (12/95)