FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(1)

CONQ	uistador historical i 	OUNDATION, INC.			
Principal Plac	e of Business	Mailing Address	Mailing Address		ı radım jaran madı tindi müdə dim diğin kutın alam bilim bilim diğin bilim bilim bilim diğin bilim diğin bilim
910 39D AVE W BRADENTON FL 34205		910 3RD AVE W BRADENTON FL 34205			3. Date Incorporated or Qualified 08/19/1968 4. FEI Number Applied For
					59-6161989 Not Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required
22					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
Zip	├		Country	'	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curr	29 3	ю		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		on tropictor agon	81	Name	
WILCOX, DAIVID W.			82	Ctroot	et Address (P.O. Box Number is Not Acceptable)
306 13T			02	311001	address (F.O. Box Number is Not Acceptable)
BRADENTON FL 34205			83		
			84	City	85 Zip Code
11 Direction to the provisions of Sections 617 0502 and 617 1509 Elevide Statutes					┡┖╵╵
office or r	egistered agent, or both, in the Sta	ale of Florida. Such change was auf	thorized by	the corp	proration's board of directors. I hereby accept the appointment as registered
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 report of 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 title if applicable. (NOTE: F	Registered Age	nt signature	ure required when reinstating) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TO X DELETE		1.1 TITLE		T/D X Change Addition
NAME	PICKERING, AUSTIN		1.2 NAME		John Vita
STREET ADDRESS	904 21ST AVE W PALMETTO FL		1.3 STREET ADDRESS 1		1 - 1
CITY-ST-ZIP TITLE	CD CD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Bradenton, FL 34205
NAME	THEROUX, WILLIAM		2.2 NAME		
STREET ADDRESS	4044 04144 4900 00		2.3 STREET	ADDRESS	<u>,</u>
CITY-ST-ZIP	ALDIGORY		2. 4 CITY-S		
TITLE	\$ D	☐ DELETE	3.1 TITLE		Change Addition
NAME	RUSSELL, WILLIAM		3.2 NAME		
STREET ADDRESS	***************************************		3.3 STREET	ADDRESS	;
CITY-ST-ZIP	BRADENTON FL	T pricts	3.4. CITY - S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME	*000000	.)
STREET ADDRESS CITY-ST-ZIP			4.3 STREET 4.4 CITY-S		
TITLE	. · · · · <u> </u>	☐ DELETE	5.1 TITLE	I EM	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		ļ	6.2 NAME		
STREET ADDRESS 1			63 STREET	ADDRESS	: 1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

May 12 1998 8:00am

Secretary of State