1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am § Secretary of State

04-19-1999 90025 028 ****61.25

Date Incorporated or Qualifed

DOCUMENT # 715125

CONQUISTADOR HISTORICAL FOUNDATION, INC.

Principal Place of Business

910 BRA Mailing Address

3RD AVE W DENTON FL 34205	910 3RD AVE W Bradenton FL 34205	

21	Findpartace of dualitiess	26	Walling / Coloos		08/19/1968				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number			Applied For	
22		27			59 -6 161989			Not Applicable	
23	City & State	28	City & State	:	5. Certifcate of Status Desired]	-	.75 Additional ee Required	
24	Zip Country	29	Zip Country	1	6. Election Campaign Financing Trust Fund Contribution]		5.00 May Be dded to Fees	
	9. Name and Address of Current			10. Name and Address of New Registered Agent					
			81	Name	,•				
	WILCOX, DAIVID W. 308 13TH ST W		82	Street Address	(P.O. Box Number is Not Acceptable)	l			
	BRADENTON FL 34205		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 a	m familiar with, and accept the obligations of, Section 617.0503, Florid	la Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR						
TITLE	TD TO TO THE TOTAL	1.1 TITLE	CD	Change	Addition					
NAME	VITA, JOHN	1.2 NAME	Vita, John							
STREET ADDRESS	1401 MANATEE AVE W 700	1.3 STREET ADDRESS	1401 Manatee Ave W, #700)						
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	Bradenton, FL 34205							
TITLE	CD XXDELETE	2.1 TITLE	TD	Change	☐ Addition					
NAME	THEROUX, WILLIAM	2.2 NAME	Ronald P. Reagan							
STREET ADDRESS	4903 PALM AIRE DR	2.3 STREET ADDRESS	6108 Cypress Circle							
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Bradonton FL 34202							
TITLE	SD X DELETE	3.1 TITLE	SD ST	Change	Addition					
NAME	RUSSELL, WILLIAM	3.2 NAME	Gurleý; Michael							
STREET ADORESS	3701 18TH AVE W	3.3 STREET ADDRESS	206 73rd St. N.W.							
CITY-ST-ZIP	BRADENTON FL	3.4. CITY-ST-ZIP	Bradenton FL 34209							
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition					
NAME (4.2 NAME			ı					
STREET ADDRESS		4.3 STREET ADDRESS								
CITY-ST-ZIP		4.4 CITY-ST-ZIP								
TITLE	☐ DELETE	5.1 TITLE		Change	Addition					
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP	<u> </u>	5.4 CITY-ST-ZIP		- 						
TITLE	☐ DELETE	6.1 TITLE		Change	Addition					
NAME		6.2 NAME								
STREET ADDRESS		6.3 STREET ADDRESS								
OTT OT 710		6.4 CITY-ST-ZIP								

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 that I am an address, with all other like empowered.

RE REQUIREDJohn Vita, Chairman