

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90101 036 ****61.25

DOCUMENT # 715125

1. Entity 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**

50025565



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6161989

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
BELL, ROB
3617 57TH ST.
PALMETTO, FL 34221** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
CHRIS ATKINSON
9715 28th ST E
PARRISH, FL 34219** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
POWELL, BUTCH
1003 45TH ST. W
BRADENTON, FL 34209** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
PAT HUSSEY
5204 5th AVE DR W
BRADENTON, FL 34209** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
EDWARDS, BILL
217 66TH AVE. DR. W
BRADENTON, FL 34209** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TT
MARK GOODSON
1600 17th ST W
PALMETTO, FL 34221** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Atkinson

CHRIS ATKINSON, CHAIRMAN 3-10-05 941-747-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #