

2001 UNIFORM BUSINESS REPORT (UBR)

4/30.

FILED
May 30, 2001 8:00 am
Secretary of State

04-30-2001 90427 023 ****70.00

DOCUMENT # N00000001914

1. Entity Name

CONQUERORS MINISTRIES, INC.

Principal Place of Business

4351 N.W. 25 PL.
 LAUDERHILL FL 33313-3640

Mailing Address

4351 N.W. 25 PL.
 LAUDERHILL FL 33313-3640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31 1704314

Applied For

Not Applicable

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

SAPP, CALVIN JR.
4351 N.W. 25 PL.
LAUDERHILL FL 33313-3640

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.

SIGNATURE

Calvin Sapp

PRESIDENT

APRIL 24, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	SAPP, CALVIN JR.	
STREET ADDRESS	4351 N.W. 25TH PLACE	
CITY-ST-ZIP	LAUDERHILL, FLA. 33313	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	DAVID MARMON	
STREET ADDRESS	P.O. Box 3	
CITY-ST-ZIP	PRAIRIE VIEW, KS. 67664	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	MICHELE SCOTT	
STREET ADDRESS	4601 N.W. 74 AVE.	
CITY-ST-ZIP	LAUDERHILL, FLA. 33319	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	LINDA SMITH	
STREET ADDRESS	5315 N.W. 27 St. BLDG. 5A	
CITY-ST-ZIP	LAUDERHILL, FLA. 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Calvin Sapp President

April 24, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)