

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90286 040 ****61.25

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

4351 N.W. 25 PLACE

Suite, Apt. #, etc.

LAUDERHILL, FL

City & State

33313

Zip

Country

USA

3. Mailing Address

4351 N.W. 25 PLACE

Suite, Apt. #, etc.

LAUDERHILL Florida

City & State

33313

Zip

Country

USA



MOORE

CR2E037 (11/03)

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

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

7. Name and Address of New Registered Agent

Name

Calvin Sapp Jr.

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

4351 N.W. 25 PLACE

City

LAUDERHILL

FL

Zip Code

33313

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

Calvin Sapp Jr. Calvin Sapp Jr. (President)

4/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD
NAME SAPP, CALVIN JR.
STREET ADDRESS 4351 NW 25TH PLACE
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete

TITLE SD
NAME SCOTT, MICHELE
STREET ADDRESS 4601 NW 74 AVE
CITY-ST-ZIP LAUDERHILL FL 33319 ☒ Delete

TITLE TD
NAME SMITH, LINDA
STREET ADDRESS 5315 NW 27 ST., BLDG. 5A
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD
NAME THOMAS, DONNA
STREET ADDRESS 1612 N.W. 15 AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311 ☐ Change ☒ Addition

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

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

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

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:

Calvin Sapp Jr. Calvin Sapp Jr. President

4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #