

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001914

FILED
Aug 12, 2005
Secretary of State

Entity Name: CONQUERORS MINISTRIES, INC.

Current Principal Place of Business:

4351 N.W. 25 PL.
LAUDERHILL, FL 333133640

New Principal Place of Business:

351 WEST HILLSBORO BLVD
ROOM 303
DEERFIELD, FL 334411801 US

Current Mailing Address:

4351 N.W. 25 PL.
LAUDERHILL, FL 333133640

New Mailing Address:

5529 NW 44TH WAY
COCONUT CREEK, FL 330735010 US

FEI Number: 31-1704314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAPP, CALVIN JR.
4351 N.W. 25 PL.
LAUDERHILL, FL 333133640 US

Name and Address of New Registered Agent:

SAPP, CALVIN JR.
5529 NW 44TH WAY
COCONUT CREEK, FL 330735010 US

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 JR.

08/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAPP, CALVIN JR.
Address: 4351 NW 25TH PLACE
City-St-Zip: LAUDERHILL, FL 33313

Title: SD () Delete
Name: THOMAS, DONNA
Address: 1612 NW 15 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD () Delete
Name: SMITH, LINDA
Address: 5315 NW 27 ST., BLDG. 5A
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAPP, CALVIN JR.
Address: 5529 NW 44TH WAY
City-St-Zip: COCONUT CREEK, FL 330735010 US

Title: TD (X) Change () Addition
Name: WILSON, NORMAN
Address: 3286 NW 41ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: SD (X) Change () Addition
Name: SMITH, LINDA
Address: 1631 NORTH CYPRESS ROAD
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN SAPP JR.

PD

08/12/2005

Electronic Signature of Signing Officer or Director

Date