

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001914

FILED  
Jul 24, 2006  
Secretary of State

Entity Name: CONQUERORS MINISTRIES, INC.

## Current Principal Place of Business:

351 WEST HILLSBORO BLVD  
ROOM 303  
DEERFIELD, FL 334411801 US

## New Principal Place of Business:

400 S.W.12 AVENUE  
DELRAY BEACH, FL 33484 US

## Current Mailing Address:

5529 NW 44TH WAY  
COCONUT CREEK, FL 330735010 US

## New Mailing Address:

FEI Number: 31-1704314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

## 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

PRES

07/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date