


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 A
Secretary of State**

DOCUMENT # N04000001987 1. Entity Name CONQUISTADORES OF NORTHWEST FLORIDA, INC.		
Principal Place of Business 2814 PHIL TYNER ROAD CRESTVIEW, FL 32536	Mailing Address PO BOX 44 CRESTVIEW, FL 32536	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CAMPBELL, FERRIN C SR 2603 PALAMINO TRAIL CRESTVIEW, FL 32536		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature. If other printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when retaking)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP LYNN, ROBERT H 2814 PHIL TYNER ROAD CRESTVIEW, FL 32536	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	DV RENFROE, ALAN 6064 BUD MOULTON RD CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY ST ZIP	DST BROWN, GERI PO BOX 1743 CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY ST ZIP	D RENFROE, BRIDGETT 6064 BUD MOULTON RD CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY ST ZIP	D COX, GENERAL JR 6064 BUD MOULTON RD CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY ST ZIP	D PARKER, LINDA P PO BOX 982 CRESTVIEW, FL 32536	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.		
SIGNATURE: <u>Robert H. Lynn</u> <u>Robert H. Lynn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>01/05/06</u> <u>(850) 682-3795</u> <small>Date Daytime Phone</small>



01042006 No Chg-NP

CR2E037 (11/05)

4. FCI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

11000000379533
01/10/06-80025-016 61.25
DATE