


FILE NOW: FILING FEE IS \$61.25

pg 1 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37328** (4)
1. Corporation Name
CONQUISTADORES OF NORTHWEST FLORIDA, INC.



Principal Place of Business
**501 N FERDON
410 COURTHOUSE TER
CRESTVIEW FL 32536**

Mailing Address
**P.O. BOX 747
CRESTVIEW FL 32536**

3. Date Incorporated or Qualified
03/28/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-3027561

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, FERRIN C. SR
335 N MAIN ST
CRESTVIEW FL 32536-0846**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WHITEHURST, GEORGE H.**
STREET ADDRESS **436 W US 90**
CITY-ST-ZIP **CRESTVIEW FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
800001805958
-05/03/96-01010-028
*****61.25** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **BARNHILL, WILLIAM A.**
STREET ADDRESS **POB 146 N/A**
CITY-ST-ZIP **BAKER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **SETTLES, THOMAS F.**
STREET ADDRESS **P.O. BOX 1481 N/A**
CITY-ST-ZIP **CRESTVIEW FL 32536**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SETTLES, THOMAS F.
P.O. Box 1481 N/A
CRESTVIEW, FL. 32536

TITLE **PO** ☐ DELETE
NAME **LYNN, ROBERT H.**
STREET ADDRESS **POB 1111 N/A**
CITY-ST-ZIP **CRESTVIEW FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
V/D
LYNN, ROBERT
P.O. Box 1111 N/A
CRESTVIEW, FL. 32536

TITLE **D** ☐ DELETE
NAME **CAMPBELL, FERRIN C. SR**
STREET ADDRESS **POB 846 N/A**
CITY-ST-ZIP **CRESTVIEW FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **HENDRIX, HERSELIE D.**
STREET ADDRESS **110 PHILLIPS RD**
CITY-ST-ZIP **CRESTVIEW FL 32536**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
P/D
HENDRIX, HERSELIE D.
110 PHILLIPS DRIVE
CRESTVIEW, FL. 32536

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herselie D. Hendrix*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 904-682-2054
Daytime Phone #

CR2E037 (12/95)

N37328

pg 2 of 2

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ ADDITION

S/T/D

CRAIG, JACQUELINE

P.O. Box 432 (125 PHILLIPS DRIVE)

CRESTVIEW, FLORIDA 32536