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May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37328 (4)

1. Corporation Name

CONQUISTADORES OF NORTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

801 N FERDON
CRESTVIEW FL 32536

P.O. BOX 747
CRESTVIEW FL 32536

3. Date Incorporated or Qualified

03/28/1990

4. FEI Number

59-3027561

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 452

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 CRESTVIEW, FLORIDA

24 Zip

25 Country

29 32536

30 Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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 32536-0848

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE D
NAME BARNHILL, WILLIAM A.
STREET ADDRESS POB 148 N/A
CITY-ST-ZIP BAKER FL

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

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

TITLE D
NAME CAMPBELL, FERRIN C. SR
STREET ADDRESS POB 848 N/A
CITY-ST-ZIP CRESTVIEW FL

TITLE PDD
NAME HENDRIX, HERSELIE D.
STREET ADDRESS 110 PHILLIPS RD
CITY-ST-ZIP CRESTVIEW FL 32536

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D RAY MCKINNEY
129 PHILLIPS DRIVE
CRESTVIEW, FLORIDA 32536

P/D

S/T/D

14. 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 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:

Robert H. Lynn 4/28/98 (850) 682-3795

CR2E037 (10/97)