

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90090 003 \*\*\*\*61.25

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DOCUMENT # N37328

1. Corporation Name

CONQUISTADORES OF NORTHWEST FLORIDA, INC.

Principal Place of Business

501 N FERDON  
CRESTVIEW FL 32536

Mailing Address

P O BOX 452  
CRESTVIEW FL 32536  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/28/1990

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME BARNHILL, WILLIAM A.  
STREET ADDRESS POB 146 N/A  
CITY-ST-ZIP BAKER FL

TITLE D ☐ DELETE

NAME MCKINNEY, RAY  
STREET ADDRESS 129 PHILLIPS DRIVE  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE PD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE STD ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-10-99

850-682-3795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)