

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45541

FILED
May 09, 2009
Secretary of State

Entity Name: CONQUEST MINISTRIES, INC.

Current Principal Place of Business:

2524 S MELLONVILLE
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 785
SANFORD, FL 327720785 US

New Mailing Address:

FEI Number: 59-3121769 **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:

FREEMAN, KEITH
2656 S MAGNOLIA AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: DS () Delete
Name: CARTER, SANDRA
Address: 2524 S MELLONVILLE
City-St-Zip: SANFORD, FL

Title: DV () Delete
Name: ALLEN, IMOGENE
Address: 9701 ORNAGE CITY RD.
City-St-Zip: ALTAMONTE SPGS., FL

Title: DP () Delete
Name: FREEMAN, KEITH
Address: 2656 S MAGNOLIA AVE
City-St-Zip: SANFORD, FL

Title: VPT () Delete
Name: FREEMAN, PENNY
Address: 2656 S MAGNOLIA AVE
City-St-Zip: SANFORD, FL

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: PENNY FREEMAN

VPT

05/09/2009

Electronic Signature of Signing Officer or Director

Date