

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710282

**Entity Name:** CONWAY LITTLE LEAGUE, INC.**Current Principal Place of Business:**4400 KENNEDY AVENUE  
ORLANDO, FL 32812**Current Mailing Address:**P.O. BOX 561253  
ORLANDO, FL 32856-1253 US**FEI Number:** 23-7396676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, FRANK  
4400 KENNEDY AVENUE  
ORLANDO, FL 32812 US*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:** FRANK EDWARDS

03/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           EDWARDS, FRANK  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            CONCESSIONS MANAGER  
Name           BLOW, TERRI S  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            TREASURER  
Name           CORREA, KEILA  
Address        4400 KENNEDY AVENUE  
City-State-Zip: ORLANDO FL 32812

Title            PLAYER AGENT  
Name           WHEELER, LYNZIE  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            MAINTENANCE, EQUIPMENT  
MANAGER  
Name           WHEELER, ERIC  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            MAINTENANCE  
Name           ADAMS, BRADY  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            SECRETARY  
Name           CAPO, KIM  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            FUNDRAISING / SPONSORSHIP  
Name           WINDHAM, KELLY  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** FRANK EDWARDS

PRESIDENT

03/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP, UIC  
Name BLOW, WAYNE  
Address P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title BOARD MEMBER  
Name CAPO, DAMIAN  
Address P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title SAFETY OFFICER  
Name LOVETT, MEGAN  
Address P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title BOARD MEMBER  
Name RODRIGUEZ, CELEDONIO  
Address P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253