

**2024 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 P  
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

04/04/2024

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

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

Title            TREASURER  
Name            COLON, TARA  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            VP UPPER DIVISIONS, SAFETY  
                 OFFICER  
Name            RODRIGUEZ, CEL  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            VP CHALLENGER  
Name            STRUDWICK, CHELSEA  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856-1253

Title            VP LOWER DIVISIONS,  
                 MAINTENANCE  
Name            WHEELER, ERIC  
Address        PO 561253  
City-State-Zip: ORLANDO FL 32856

Title            INFORMATION OFFICER, PLAYER  
                 AGENT  
Name            FOURNIER, JOHN  
Address        PO 561253  
City-State-Zip: ORLANDO FL 32856

**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

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CONCESSIONS MANAGER  
Name BLOW, TERRI-SUE  
Address PO 561253  
City-State-Zip: ORLANDO FL 32856

Title BOARD MEMBER  
Name WHITAKER, LOUIS  
Address PO 561253  
City-State-Zip: ORLANDO FL 32856

Title CONCESSIONS  
Name BERNSDEN, MITCH  
Address PO 561253  
City-State-Zip: ORLANDO FL 32856

Title PLAYER AGENT, FUNDRAISER,  
SPONSORSHIP  
Name WHEELER, LYNZIE  
Address PO 561253  
City-State-Zip: ORLANDO FL 32856