FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **710282** **(5)**

1. Corporation Name
CONWAY LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P O BOX 561253 ORLANDO FL 32856-0253	P O BOX 561253 ORLANDO FL 32856-0253

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1966
3a. Date of Last Report: 03/18/1994
4. FEI Number: 23-7396676 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BACHAND, BRUCE G
5010 PELLEPORT AVENUE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name: WATWOOD, ANGIE
82 Street Address (P.O. Box Number is Not Acceptable): 2709 GLENDORA AVE
83
84 City: ORLANDO FL 85 Zip Code: 32812

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	BACHAND, BRUCE G.	1.2 NAME	BACHAND, BRUCE G.	
STREET ADDRESS	5010 PELLEPORT AVE	1.3 STREET ADDRESS	5357 CHISWICK CIR	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	SOWARDS, TERRI	2.2 NAME	WUNDERLICH, PAUL	
STREET ADDRESS	3159 TOURAINE AVE	2.3 STREET ADDRESS	8603 SUBURBAN DR	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO,FL 32829	
TITLE	VPD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	YEADON, HAROLD	3.2 NAME	WIELAND, GLEN	
STREET ADDRESS	3922 AMRON COURT	3.3 STREET ADDRESS	3309 RADFORD RD	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO,FL 32806	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	ROME, ALAN	4.2 NAME		
STREET ADDRESS	4439 SEAWATER DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	WATWOOD, ANGIE	5.2 NAME	WATWOOD, ANGIE	
STREET ADDRESS	2709 GLENDORA AVE	5.3 STREET ADDRESS	2709 GLENDORA AVE	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 4/17/95 894-0826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6004868