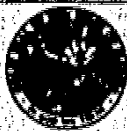


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
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 32856-8258

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BACHAND, BRUCE G.
STREET ADDRESS	5010 PELLEPORT AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	TD
NAME	SOWARDS, TERRI
STREET ADDRESS	3159 TOURAINE AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VPD
NAME	YEADON, HAROLD
STREET ADDRESS	3922 AMRON COURT
CITY-ST-ZIP	ORLANDO FL
TITLE	SD
NAME	ROME, ALAN
STREET ADDRESS	4439 SEAWATER DR
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	WATWOOD, ANGIE
STREET ADDRESS	2709 GLENDORA AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	☒ Change ☐ Addition
1.2 NAME	BACHAND, BRUCE G.	
1.3 STREET ADDRESS	5357 CHISWICK CIR	
1.4 CITY-ST-ZIP	ORLANDO, FL 32812	
2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME	WUNDERLICH, PAUL	
2.3 STREET ADDRESS	8603 SUBURBAN DR	
2.4 CITY-ST-ZIP	ORLANDO, FL 32829	
3.1 TITLE	VPD	☒ Change ☐ Addition
3.2 NAME	WIELAND, GLEN	
3.3 STREET ADDRESS	3309 RAEFORD RD	
3.4 CITY-ST-ZIP	ORLANDO, FL 32806	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	☒ Change ☐ Addition
5.2 NAME	WATWOOD, ANGIE	
5.3 STREET ADDRESS	2709 GLENDORA AVE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32812	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

Date

894-0826

Daytime Phone #