## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

Principal Place of Business

(5)

Mailing Address

CONWAY LITTLE LEAGUE, INC.

| P O BOX 561253<br>ORLANDO FL 32856-1253<br>US      |  | P O BOX 581253<br>ORLANDO FL 32856-1253<br>US |              |                                  |   |   |                   |  |
|--|--|---|--------------|----------------------------------|---|---|-------------------|--|
|  |  |   |              |                                  | 3. Date Incorporated or Qualified 01/31/1966  | 166 a. Date of Last Report 166 05/01/1996 |                   |  |
| 2. Principal Place of Business 28. Mailing Address |  |   |              |                                  | 4. FEI Number                                 | A   | oplied For        |  |
| 21   |  | 26  |              | 23-7396676 Not Applicat          |   | ot Applicable                             |                   |  |
| Suite, Apt #, etc.                                 |  | Suite, Apt. #, etc.                           |              | 5. Certificate of Status Desired | \$8.75 Additional Fee Required                |   |                   |  |
| City & State                                       |  | City & State                                  | City & State |                                  | 6. Election Campaign Financing                | \$5.00                                    | May Be            |  |
| 3  |  | 28  |              |                                  | Trust Fund Contribution                       | Added                                     | to Fees           |  |
| Zip  | Country  | Zip   | Cou          | ntry                             | 8. This corporation has liability for         |   | 199.032,          |  |
| 4  | 25   | 29  | 30           |                                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       | Yes M No                                  |                   |  |
|  | 9. Name and Address of Curre                       | nt Registered Agent                           |              |                                  | 10. Name and Address of New Re                | gistered Agent                            |                   |  |
|  |  |   |              | 81 Name                          |   |   |                   |  |
| WATWOOD, ANGIE                                     |  |   |              | 82 Street                        | Address (P.O. Box Number is Not Acceptate     | ole)                                      |                   |  |
| 2709 GLENDORA AVENUE                               |  |   |              |                                  |   | ·   |                   |  |
| ORLANDO FL 32812                                   |  |   |              | 63                               |   |   |                   |  |
|  |  |   |              | 84 City                          |   | 85 Zip                                    | Code              |  |
|  |  |   |              | - 1                              |   | FL S                                      |                   |  |
| agent. I<br>SIGNATURE                              | Signature, typed or profiled name of registered ag | pent and title if applicable. (NOT)           | E: Registere |                                  | poration's board of directors. I hereby accel | DATE                                      |                   |  |
| 12.  |  |   | 13.          |                                  | ADDITIONS/CHANGES TO OFFIC                    |   |                   |  |
| TITLE  | SD   | ☐ DELETE                                      | 1.1 TI       | TLE                              |   | Change                                    | Additio           |  |
| NAME   | BACHAND, BRUCE G.                                  |   | 1.2 N        | AME                              | •   |   |                   |  |
| STREET ADDRESS                                     | 5357 CHISWICK CIR                                  |   | 1.3 \$       | TREET ADDRESS                    |   |   |                   |  |
| CITY-ST-ZIP  | ORLANDO FL 32812                                   |   | 1.4 CI       | TY-ST-ZIP                        |   |   |                   |  |
| TITLE  | TD   | ☐ DELETE                                      | 2.1 Te       | TLE                              |   | ☐ Change                                  | Addition          |  |
| NAME   | WUNDERLICH, PAUL                                   |   | 2.2 N        | ME                               |   |   |                   |  |
| STREET ADDRESS                                     | ***************************************            |   | 2.3 \$1      | REET ADDRESS                     |   |   |                   |  |
| CITY - ST - ZIP                                    | ORLANDO FL 32829                                   |   | 2.40         | ITY-ST-ZIP                       |   |   |                   |  |
| TITLE  | VD   | ,   |              |                                  | D   | Change                                    | Addition Addition |  |
| NAME   | WIELAND, GLEN                                      |   | 3.2 N        | ME                               |   |   |                   |  |
| STREET ADDRESS                                     |  |   | 3.3 S        | TREET ADDRESS                    |   |   |                   |  |
| CITY-ST-ZIP  | ORLANDO FL 32806                                   |   | 3.4. 0       | ity-st-zip                       |   |   |                   |  |
| TITLE  | VD .   | <b>₩</b> DELETE                               | 4.1 TI       | TLE                              | VÞ  | Change                                    | Addition          |  |
| NAME   | ROME, ALAN   |   | 4. 2 N       | AME                              | BERGERON, DAVE                                |   |                   |  |
| STREET ADDRESS                                     | 4439 SEAWATER DR                                   |   | 4.3 S        | TREET ADDRESS                    | 3801 WINGWARD AVI                             |   |                   |  |

14. I do hereby certify that the information supplied with this filing 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

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE NAME ORLANDO FL 32812

WATWOOD, ANGIE

2709 GLENDORÁ AVE

ORLANDO FL 32812

GUTIERREZ, MARIA

ORLANDO FL 32812

3726 GATLIN RIDGE DRIVE

PD

DELETE

DELETE

ORLANDO PL 32822

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Change

\_\_\_ Addition

Addition