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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 710282 (5)

1. Corporation Name

CONWAY LITTLE LEAGUE, INC.

Principal Place of Business	Mailing Address
P O BOX 561253 ORLANDO FL 32856-1253 US	P O BOX 561253 ORLANDO FL 32856-1253 US

3. Date Incorporated or Qualified: 01/31/1966

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

WATWOOD, ANGIE
2709 GLENDORA AVENUE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	1.1 TITLE	President	☐ Change ☐ Addition
NAME	BACHAND, BRUCE G.		1.2 NAME	Angie Watwood	
STREET ADDRESS	5357 CHISWICK CIR		1.3 STREET ADDRESS	2709 Glendora Ave	
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP	Orlando, Fl. 32812	
TITLE	TD	☑ DELETE	2.1 TITLE	Vice-President	☐ Change ☑ Addition
NAME	WUNDERLICH, PAUL		2.2 NAME	Craig Allen	
STREET ADDRESS	8603 SUBURBAN DRIVE		2.3 STREET ADDRESS	5034 Doretta Ct.	
CITY-ST-ZIP	ORLANDO FL 32829		2.4 CITY-ST-ZIP	Orlando, Fl. 32807	
TITLE	D	☐ DELETE	3.1 TITLE	~~Director~~ Secretary	☐ Change ☑ Addition
NAME	WIELAND, GLEN		3.2 NAME	Debbie Meyer	
STREET ADDRESS	3309 RAEFORD ROAD		3.3 STREET ADDRESS	4752 Starbridge Circle	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, Fl. 32812	
TITLE	VD	☑ DELETE	4.1 TITLE	Treasurer	☑ Change ☐ Addition
NAME	BERGERON, DAVE		4.2 NAME	Glen D. Wieland	
STREET ADDRESS	3801 WINGWARD AVE.		4.3 STREET ADDRESS	3309 Raeford Rd	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, Fl. 32806	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WATWOOD, ANGIE		5.2 NAME		
STREET ADDRESS	2709 GLENDORA AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	Director	☑ Change ☐ Addition
NAME	GUTIERREZ, MARIA		6.2 NAME	Maria Gutierrez	
STREET ADDRESS	3726 GATLIN RIDGE DRIVE		6.3 STREET ADDRESS	3726 Gatlin Ridge Dr.	
CITY-ST-ZIP	ORLANDO FL 32812		6.4 CITY-ST-ZIP	Orlando, Fl. 32812	

CR2E037 (10/97)

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/21/98 407-894-0826