

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

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 APR 28 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721315 (0)
1. Corporation Name
CONWAY RECREATION PARK, INC.

Principal Place of Business: P O BOX 561253 ORLANDO FL 32856-8253
Mailing Address: P O BOX 561253 ORLANDO FL 32856-8253

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1971
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-1365048
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) 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: Bachand, Bruce G.
82 Street Address (P.O. Box Number is Not Acceptable): 5357 Chiswick Circle
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: _____ (NOTE: Registered Agent signature required when registering) _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------------------|-------------------------|---|---|
| TITLE: D | NAME: WHALEY, GARY | 1.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 4731 PINELLAS DR | CITY-ST-ZIP: ORLANDO FL | 1.2 NAME: | |
| TITLE: PD | NAME: BACHAND, BRUCE G. | 1.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 5010 PELLEPORT AVE | CITY-ST-ZIP: ORLANDO FL | 1.4 CITY-ST-ZIP: | |
| TITLE: TD | NAME: SOWARDS, MARK | 2.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 3159 TOURAINE AVE | CITY-ST-ZIP: ORLANDO FL | 2.2 NAME: | |
| TITLE: D | NAME: PITTMAN, DON | 2.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 2705 RAEFORD CT. | CITY-ST-ZIP: ORLANDO FL | 2.4 CITY-ST-ZIP: | |
| TITLE: VPD | NAME: ROME, ALAN | 3.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 4439 SEAWATER DR | CITY-ST-ZIP: ORLANDO FL | 3.2 NAME: | |
| TITLE: SD | NAME: WATWOOD, ANGIE | 3.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 2709 GLENDORA DR | CITY-ST-ZIP: ORLANDO FL | 3.4 CITY-ST-ZIP: | |
| TITLE: | NAME: | 4.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 4.2 NAME: | |
| TITLE: | NAME: | 4.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 4.4 CITY-ST-ZIP: | |
| TITLE: | NAME: | 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 5.2 NAME: | |
| TITLE: | NAME: | 5.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 5.4 CITY-ST-ZIP: | |
| TITLE: | NAME: | 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: | CITY-ST-ZIP: | 6.2 NAME: | |
| TITLE: | NAME: | 6.3 STREET ADDRESS: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: Bruce G. Bachand 4/23/95 407-837-6497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)