

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721315

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CONWAY RECREATION PARK, INC.

**Current Principal Place of Business:**

4400 KENNEDY RD  
ORLANDO, FL 32812 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 561253  
ORLANDO, FL 32856 US

**New Mailing Address:**

FEI Number: 59-1365048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BAKER, HARVEY L P  
3700 OAKVIEW DR  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BAKER, HARVEY L P  
Address: 3700 OAKVIEW DR  
City-St-Zip: ORLANDO, FL 32812

Title: T ( ) Delete  
Name: JOHNSON, MIKE T  
Address: 4042 EVANDER CT  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FRAY-SMITH, LOIS T  
Address: 6068 BENT PINE DR, #3910  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY L. BAKER

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date