

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710282

Entity Name: CONWAY LITTLE LEAGUE, INC.**Current Principal Place of Business:**4400 KENNEDY AVENUE
ORLANDO, FL 32812**Current Mailing Address:**P.O. BOX 561253
ORLANDO, FL 32856-1253 US**FEI Number:** 23-7396676**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, FRANK
4400 KENNEDY AVENUE
ORLANDO, FL 32812 US*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:** FRANK EDWARDS

03/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name EDWARDS, FRANK
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title CONCESSIONS MANAGER
Name BLOW, TERRI S
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title TREASURER
Name CORREA, KEILA
Address 4400 KENNEDY AVENUE
City-State-Zip: ORLANDO FL 32812

Title PLAYER AGENT
Name WHEELER, LYNZIE
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title MAINTENANCE, EQUIPMENT
MANAGER
Name WHEELER, ERIC
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title MAINTENANCE
Name ADAMS, BRADY
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title SECRETARY
Name CAPO, KIM
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title FUNDRAISING / SPONSORSHIP
Name WINDHAM, KELLY
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

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I hereby 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 all other like empowered.

SIGNATURE: FRANK EDWARDS

PRESIDENT

03/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, UIC
Name BLOW, WAYNE
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title BOARD MEMBER
Name CAPO, DAMIAN
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title SAFETY OFFICER
Name LOVETT, MEGAN
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title BOARD MEMBER
Name RODRIGUEZ, CELEDONIO
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253