

2017 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:** Yes**Name and Address of Current Registered Agent:**WUTHRICH, JODI
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:** JODI WUTHRICH

02/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES, FUNDRAISING
Name WUTHRICH, JODI
Address 4400 KENNEDY AVENUE
City-State-Zip: ORLANDO FL 32812

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

Title VP, SAFETY OFFICER
Name CORDLE, TERRY
Address PO BOX 561253
City-State-Zip: ORLANDO FL 32856

Title TRES
Name PANTALEON, SHIRLEY
Address PO BOX 561253
City-State-Zip: ORLANDO FL 32856

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

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

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

Title SECRETARY, ASSIST. CONCESSION
MANAGER
Name MCCAULEY, MICHELLE
Address PO BOX 561253
City-State-Zip: ORLANDO FL 32856

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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: JODI WUTHRICH

PRESIDENT

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SPONSORSHIPS
Name RORMAN, TAMI
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253

Title ASST CONCESSIONS MANAGER
Name CRAPPS, ANGELA
Address P.O. BOX 561253
City-State-Zip: ORLANDO FL 32856-1253