2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721315

Entity Name: CONWAY RECREATION PARK, INC.

Current Principal Place of Business:

4400 KENNEDY RD ORLANDO. FL 32812

Current Mailing Address:

P.O. BOX 561253

ORLANDO, FL 32856 US

FEI Number: 59-1365048 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WUTHRICH, GARY 4400 KENNEDY RD 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: GARY WUTHRICH 01/09/2015

Electronic Signature of Registered Agent

Date

FILED Jan 09, 2015

Secretary of State

CC0168657344

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name WUTHRICH, GARY Name PANTALEON, SHIRLEY

Address P.O. BOX 561253 Address P.O. BOX 561253

City-State-Zip: ORLANDO FL 32856 City-State-Zip: ORLANDO FL 32856

Title BOARD OF DIRECTOR Title SECRETARY

 Name
 WOODS, STAN
 Name
 GOMER, JENNIFER

 Address
 P.O. BOX 561253
 Address
 P.O. BOX 561253

 City-State-Zip:
 ORLANDO FL 32856
 City-State-Zip:
 ORLANDO FL 32856

Title BOARD OF DIRECTORS Title BOARD OF DIRECTORS

NameEDWARDS, FRANKNameBLAIR, BILLAddressP.O. BOX 561253AddressP.O. BOX 561253

City-State-Zip: ORLANDO FL 32856 City-State-Zip: ORLANDO FL 32856

Title BOARD OF DIRECTORS Title VP

 Name
 WUTHRICH, JODI LYNN
 Name
 GOMER, DAVID

 Address
 P.O. BOX 561253
 Address
 P.O. BOX 561253

 City-State-Zip:
 ORLANDO FL 32856
 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: GARY WUTHRICH PRESIDENT 01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

BOARD OF DIRECTORS Title Title **BOARD OF DIRECTORS**

RICE, DAVID Name Name BAKER, HARVEY Address P.O. BOX 561253 Address P.O. BOX 561253

City-State-Zip: ORLANDO FL 32856 City-State-Zip: ORLANDO FL 32856