

**2017 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: Yes**

**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**

**01/30/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CORDLE, TERRY  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856

Title            TREASURER  
Name            MELLO THOMPSON, DANNYE  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856

Title            BOARD OF DIRECTORS  
Name            PANTALEON, SHIRLEY  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856

Title            BOARD OF DIRECTORS  
Name            EDWARDS, FRANK  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856

Title            BOARD OF DIRECTORS  
Name            WUTHRICH, JODI LYNN  
Address        P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856

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

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

Title            ASST. SECRETARY  
Name            MCCALED, MICHELLE  
Address        P.O. 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: GARY WUTHRICH**

**VP**

**01/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD OF DIRECTORS  
Name CAMPBELL, COLE  
Address P.O. BOX 561253  
City-State-Zip: ORLANDO FL 32856

Title BOARD OF DIRECTORS  
Name GOMER, DAVID  
Address 4400 KENNEDY AVE  
City-State-Zip: ORLANDO FL 32812