2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State
07-07-2005 90003 006 ****61.25

DOCUMENT # N10922

1. Entity Name
YULEE ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
314 PAGE'S DAIRY RD P. O. BOX 731 YULEE, FL 32097	314 PAGE'S DAIRY RD P. O. BOX 731 YULEE, FL 32097

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05022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2708076
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

86179
HIGHSMITH, JAMES T JR
~~435~~ HARRY GREEN RD
YULEE, FL 32097

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8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: James T. Highsmith Jr 6/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HIGHSMITH, JAMES T JR
STREET ADDRESS	~~435~~ HARRY GREEN RD 86179
CITY-ST-ZIP	YULEE, FL 32097
TITLE	TD
NAME	HIGHSMITH, KIM 86179
STREET ADDRESS	~~435~~ HARRY GREEN RD
CITY-ST-ZIP	YULEE, FL 32097
TITLE	VPD
NAME	ACOSTA, EARL
STREET ADDRESS	16920 N. MAIN STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	SD
NAME	HALLMARK, LINDA
STREET ADDRESS	553 MINER ROAD
CITY-ST-ZIP	YULEE, FL 32097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James T. Highsmith Jr 6/30/05 9042358418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #