

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005113

**Entity Name:** MARC MOORE MEMORIAL HIGHLINE HERO FOUNDATION, INC.

**Current Principal Place of Business:**

5235 PAUL BROWN ROAD  
LAKELAND, FL 33810

**Current Mailing Address:**

5235 PAUL BROWN ROAD  
LAKELAND, FL 33810

**FEI Number: 80-0832998**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MOORE, TRACY D  
5235 PAUL BROWN ROAD  
LAKELAND, FL 33810 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name MOORE, TRACY D  
Address 5235 PAUL BROWN ROAD  
City-State-Zip: LAKELAND FL 33810

Title D  
Name NEWBERRY, CINDY  
Address PO BOX 162  
City-State-Zip: KATHLEEN FL 33849

Title D  
Name NEWBERRY, JAMES  
Address PO BOX 162  
City-State-Zip: KATHLEEN FL 33849

Title DIRECTOR  
Name DAVIS, JUDY  
Address 5235 PAUL BROWN ROAD  
City-State-Zip: LAKELAND FL 33810

Title BOARD MEMBER  
Name ECKELBERGER, ROBIN  
Address 5235 PAUL BROWN ROAD  
City-State-Zip: LAKELAND FL 33810

*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: TRACY D MOORE**

**EXECUTIVE DIRECTOR**

**03/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date