

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001925

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** HIGHLANDS LITTLE LEAGUE OF JACKSONVILLE, FL INC

**Current Principal Place of Business:**

12135 HARTS RD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 26488  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 26-4323795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAINES, ROBERT L JR  
1361 MENLO AVE  
JACKSONVILLE, FL 32218 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAINES, ROBERT L JR  
Address: 12135 HARTS RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD  
Name: SCHEEL, JACKIE  
Address: 8879 DENNY RD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: SD  
Name: COOKE, BRENDA  
Address: 2247 LIGUSTRUM RD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: BD  
Name: NIXON, MARLENA  
Address: 14530 BRADDOCK RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD  
Name: PARKER, BOBBIE  
Address: 54407 HAZELL JONES RD  
City-St-Zip: CALLAHAN, FL 32011

Title: BD  
Name: HEATH, DANNY  
Address: 465 RENEE DR N  
City-St-Zip: JACKSONVILLE, FL 32218

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: ROBERT L RAINES

P

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date