

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001925

FILED
Apr 13, 2012
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: KIRKSEY, DARIEN
Address: 12135 HARTS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD
Name: THOMAS, DAVID
Address: 12135 HARTS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD
Name: JONES, BRETT
Address: 12135 HARTS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: BD
Name: RAINES, ROBERT
Address: 1361 MENLO AVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD
Name: HARPE, SHANNON
Address: 11717 KINGFISHER LANE EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: BD
Name: NIXON, PRISSY
Address: 12135 HARTS RD
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: SHANNON HARPE

TD

04/13/2012

Electronic Signature of Signing Officer or Director

Date