

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N10922**

1. Entity Name  
**YULEE ATHLETIC ASSOCIATION, INC.**



Principal Place of Business

**314 PAGE'S DAIRY RD  
P. O. BOX 731  
YULEE, FL 32097**

Mailing Address

**314 PAGE'S DAIRY RD  
P. O. BOX 731  
YULEE, FL 32097**



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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.*  
Signature, typed or printed name of registered agent and title if applicable.

*JAMES T. HIGHSMITH JR*  
(NOTE: Registered Agent signature required when reinstating)

*1/9/07*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000585522  
01/16/07-80016-010 70.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JAMES T. HIGHSMITH JR*  
Date

*1/9/07*  
Daytime Phone #  
*904-285-8418*