

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001925

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC2262375088**

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

**Current Principal Place of Business:**

12135 HARTS RD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

PO BOX 26488  
JACKSONVILLE, FL 32226

**FEI Number: 26-4323795**

**Certificate of Status Desired: No**

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

KIRKSEY, DARIEN  
12135 HARTS ROAD  
JACKSONVILLE, FL 32218 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: DARIEN KIRKSEY**

**02/03/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KIRKSEY, DARIEN  
Address 12135 HARTS RD  
City-State-Zip: JACKSONVILLE FL 32218

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

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

Title BD  
Name NIXON, PRISSY  
Address 12135 HARTS RD  
City-State-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**

**TREASURER**

**02/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date