

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001925

FILED
Feb 21, 2013
Secretary of State
CC0761846258

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:

RAINES, ROBERT LJR
1361 MENLO AVE
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:

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

Title BD
Name RAINES, ROBERT
Address 1361 MENLO AVE
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

02/21/2013

Electronic Signature of Signing Officer/Director Detail

Date