


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90387 020 ****61.25

64034701



DOCUMENT # 717796					
1. Entity Name THEATRE JACKSONVILLE, INC.					
Principal Place of Business 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207			Mailing Address 2032 SAN MARCO BLVD JACKSONVILLE, FL 32207		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0718493	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROWN, DOUG 3619 VALENCIA RD. JACKSONVILLE, FL 32205				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, KARL			NAME	DAVID LANE
STREET ADDRESS	3849 VALENCIA RD			STREET ADDRESS	1263 PRESTON PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP	JACKSONVILLE, FL. 32207
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	SD
NAME	GENTRY, CAROLYN			NAME	BARBARA MOULBING
STREET ADDRESS	6338 SAN JOSE BLVD. W.			STREET ADDRESS	8343 BARQUERO CT. N.
CITY-ST-ZIP	JACKSONVILLE, FL 32217			CITY-ST-ZIP	JACKSONVILLE, FL. 32217
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	BROWN, DOUG			NAME	
STREET ADDRESS	3619 VALENCIA ROAD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	M	<input type="checkbox"/> Delete		TITLE	
NAME	BOONE, SARAH			NAME	
STREET ADDRESS	1815 VAN WERT AVE #4			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VD
NAME	ROWE, LISA			NAME	
STREET ADDRESS	236 W, 4TH STREET			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32206			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BHIDE, CAROL			NAME	LINDA KANE
STREET ADDRESS	13510 MANDARIN RD.			STREET ADDRESS	181918 MORNINGSIDE ST.
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP	JACKSONVILLE, FL. 32205
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Sarah Boone</u> SARAH BOONE		3/30/04		901-396-4425	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	