


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90323 037 \*\*\*\*61.25

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<b>DOCUMENT # 717796</b>					
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		04032006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-0718493	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KANE, LINDA C 2358 RIVERSIDE AVE, #202 JACKSONVILLE, FL 32204				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, DAVID		NAME	MICHAEL KILLEA	
STREET ADDRESS	1263 PRESTON PLACE		STREET ADDRESS	2537 HOLLY POINT EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	ORANGE PARK, FL. 32073	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOULDING, BARBARA		NAME	TONI PHILIPS	
STREET ADDRESS	8343 BARQUERO CT N		STREET ADDRESS	11667 JONATHAN ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	JACKSONVILLE, FL. 32225	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, VALERIE		NAME		
STREET ADDRESS	7833 POCITA CT		STREET ADDRESS	1793 DAKSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	ORANGE PARK, FL. 32003	
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, SARAH		NAME		
STREET ADDRESS	1815 VAN WERT AVE #4		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, LISA		NAME	MARK WRIGHT	
STREET ADDRESS	236 W, 4TH STREET		STREET ADDRESS	2554 BEAUTY BERRY CIRCLE, W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	JACKSONVILLE, FL. 32216	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, LINDA		NAME		
STREET ADDRESS	2358 RIVERSIDE AVE, #202		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
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: <i>Sarah A. Boone</i> SARAH A. BOONE		4/3/06		904-396-4425	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	