
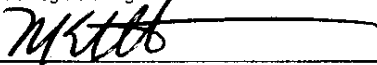



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90060 024 ****61.25

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		90051449	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01202008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0718493	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PHILIPS, TONI L 11667 JONATHAN ROAD JACKSONVILLE, FL 32225				Name MICHAEL KILLEA	
				Street Address (P.O. Box Number is Not Acceptable)	
				2537 HOLLY PARK, E.	
				City ORANGE PARK FL Zip Code 32073	
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 3/18/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	TD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLEA, MICHAEL		NAME		
STREET ADDRESS	2537 HOLLY PT E		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPS, TONI		NAME		
STREET ADDRESS	11667 JONATHAN RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, VALERIE		NAME	BEUNDA MITCHELL	
STREET ADDRESS	1793 CARSDIE DR		STREET ADDRESS	318 1ST ST	
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
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	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, SALLY L		NAME	JEANNE MARON	
STREET ADDRESS	135 CUELLO COURT #101		STREET ADDRESS	725 PINEY PLACE	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	JACKSONVILLE, FL. 32259	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAPARTE, CINDY		NAME		
STREET ADDRESS	413 KENTUCKY BRANCH LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32259		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:  SARAH BOONE			DATE: 3/18/08		DAYTIME PHONE #: 904-396-4425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #