

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717796

FILED
Apr 01, 2009
Secretary of State

Entity Name: THEATRE JACKSONVILLE, INC.

Current Principal Place of Business:

2032 SAN MARCO BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2032 SAN MARCO BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-0718493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILLEA, MICHAEL
2537 HOLLY POINT E
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: KILLEA, MICHAEL
Address: 2537 HOLLY PT E
City-St-Zip: ORANGE PARK, FL 32073

Title: PD () Delete
Name: PHILIPS, TONI
Address: 11667 JONATHAN RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: MITCHELL, BELINDA
Address: 318 1ST ST
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: M () Delete
Name: BOONE, SARAH
Address: 1815 VAN WERT AVE #4
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: HARON, JEANNE
Address: 725 PINEY PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: DELAPARTE, CINDY
Address: 413 KENTUCKY BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BARNES, BONNIE
Address: 1911 WILLIAMS STREET
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: TD (X) Change () Addition
Name: WILKINSON, MARK
Address: 8627 PEBBLE CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MARON, JEANNE
Address: 725 PINEY PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Change () Addition
Name: PRICE, PAUL
Address: 6600 CORPORATE CENTER PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SARAH BOONE

M

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date