

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717796

Entity Name: THEATRE JACKSONVILLE, INC.**Current Principal Place of Business:**2032 SAN MARCO BLVD
JACKSONVILLE, FL 32207**Current Mailing Address:**2032 SAN MARCO BLVD
JACKSONVILLE, FL 32207**FEI Number: 59-0718493****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BOONE, SARAH
2032 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 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: SARAH BOONE****02/13/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name JENKINS, DEMETRIUS
Address 5425 ORCHARD LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32258

Title PRESIDENT
Name PAULK, DAVID
Address 1519 SAN MATEO AVE
City-State-Zip: JACKSONVILLE FL 32207

Title CEO
Name BOONE, SARAH
Address 2032 SAN MARCO BLVD.
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER
Name RATCHFORD, CASEY
Address 4531 NATURE VIEW LANE N
City-State-Zip: JACKSONVILLE FL 32217

Title VP
Name ZINN, KASSIA
Address 1466 PINEGROVE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name POINDEXTER, JAMES
Address 424 EAST MONROE STREET
City-State-Zip: JACKSONVILLE FL 32202

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: SARAH BOONE**EXECUTIVE DIRECTOR****02/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date