

**2018 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**

**04/02/2018**

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 JOHNSON, JR., EARL  
Address 200 EAST FORSYTH 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**

**04/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date