

2024 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

02/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TREASURER
Name TIEFENTHALER, ANN
Address 1027 SORRENTO ROAD
City-State-Zip: JACKSONVILLE FL 32207

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

Title PRESIDENT
Name ROUSSEAU, DAVARIAN
Address 4361 GADSDEN COURT
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name GORYL, LEAH
Address 3833 SAN JOSE BLVD
City-State-Zip: JACKSONVILLE FL 32207

Title SECRETARY
Name SHERMAN, AUSTIN
Address 2231 DELLWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32204

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**

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date