

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002358

Entity Name: DEJA VU THEATER PRODUCTIONS INC.**Current Principal Place of Business:**16165 MAGNOLIA GROVE WAY
JACKSONVILLE, FL 32218**Current Mailing Address:**16165 MAGNOLIA GROVE WAY
JACKSONVILLE, FL 32218 US**FEI Number: 01-0650081****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CUMMINGS, SHARON E
16165 MAGNOLIA GROVE WAY.
JACKSONVILLE, FL 32218 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: SHARON CUMMINGS****05/01/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PVT/OFFICER/EP/D
Name CUMMINGS, SHARON E
Address 16165 MAGNOLIA GROVE WAY
City-State-Zip: JACKSONVILLE FL 32218

Title S/OFFICER/MANAGER, SECRETARY
Name GRIEVES, TANYA MARIE
Address 104 COLONY DRIVE
City-State-Zip: ROYAL PALM BEACH FL 33411

Title ASST. TREASURER/DIRECTOR
Name JOHNSON, TAMIKA
Address 1845 WOOD FERN DRIVE
City-State-Zip: BOYNTON BEACH FL 33436

Title TREASURER/OFFICER
Name CAPRON, ELAINE
Address 2005 WEST PKWY
City-State-Zip: DELAND FL 32724

Title MANAGER/OFFICER
Name CUMMINGS, ANDREW D
Address 16165 MAGNOLIA GROVE WAY
City-State-Zip: JACKSONVILLE FL 32218

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: SHARON CUMMINGS**PRESIDENT****05/01/2025**

Electronic Signature of Signing Officer/Director Detail

Date