

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001137

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC6689663533**

**Entity Name:** THE JOBSITE THEATER, INC.

**Current Principal Place of Business:**

STRAZ CENTER - 1010 N. W. C. MACINNES PL  
TAMPA, FL 33602

**Current Mailing Address:**

PO BOX 7975  
TAMPA, FL 33673 US

**FEI Number:** 59-3561564

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JENKINS, DAVID M  
3608 N. TAMPA ST  
TAMPA, FL 33603 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name JENKINS, DAVID M  
Address 3608 N TAMPA ST  
City-State-Zip: TAMPA FL 33603

Title CHAIRMAN  
Name PAONESSA, SHAWN A  
Address 224 W. HIAWATHA ST.  
City-State-Zip: TAMPA FL 33604

Title D  
Name POTENZA, PAUL J  
Address 2547 COUNTRYSIDE BLVD SUITE 4  
City-State-Zip: CLEARWATER FL 33761

Title TREA  
Name SMALLHEER, BRIAN  
Address 1407 E IDLEWILD AVE  
City-State-Zip: TAMPA FL 33604

Title DEVELOPMENT CHAIR  
Name FENDRICK, ELIZABETH  
Address 809 E. FLORA ST.  
City-State-Zip: TAMPA FL 33604

*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:** DAVID M JENKINS

**PRODUCING ARTISTIC  
DIRECTOR**

**02/26/2014**

Electronic Signature of Signing Officer/Director Detail

Date