

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001137

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****01/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date