

**2018 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 DR.  
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:** DAVID M. JENKINS

01/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title OTHER  
Name GOBIOFF, NEIL  
Address 2516 W. SIMMS BLVD  
City-State-Zip: TAMPA FL 33609

Title OTHER  
Name MADALENA, CHRIS  
Address 1911 N. 13TH ST. W200  
City-State-Zip: TAMPA FL 33605

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

Title OTHER  
Name CASEY, BRAD  
Address 1010 NWC MACINNES PL  
City-State-Zip: TAMPA FL 33602

Title SECRETARY  
Name GOETZ, KARI  
Address 5608 N. SUWANNEE AVE.  
City-State-Zip: TAMPA FL 33604

Title VC  
Name PERKINS, GREGG  
Address 2830 W. FOUNTAIN BLVD.  
City-State-Zip: TAMPA FL 33609

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*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 JENKINS**PRODUCING ARTISTIC  
DIRECTOR**

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           GETTO, ELISSA  
Address        3421 HYDE PARK DR.  
City-State-Zip: CLEARWATER FL 33761

Title           OTHER  
Name           MCLAUGHLIN, BRENDEN  
Address        405 E. ROSS ST.  
City-State-Zip: TAMPA FL 33603