## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001137

Entity Name: THE JOBSITE THEATER, INC.

FILED Feb 08, 2019 Secretary of State 6061199205CC

**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 02/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title OTHER Title TREASURER

Name JENKINS, DAVID M DR. Name CASEY, BRAD

Address 3608 N TAMPA ST Address 1010 NWC MACINNES PL

City-State-Zip: TAMPA FL 33603 City-State-Zip: TAMPA FL 33602

Title OTHER Title CHAIR

NameGETTO, ELISSANameCLEGG, STEPHANIEAddress3421 HYDE PARK DR.Address307 W. HENRY AVE.City-State-Zip:CLEARWATER FL 33761City-State-Zip:TAMPA FL 33604

Title VICE CHAIR Title SECRETARY

Name LOVELL BRENDA Name WALTZ, SCOTT

Address 5115 STRATTON AVE. Address 913 E. MCBERRY ST.

City-State-Zip: TAMPA FL 33624 City-State-Zip: TAMPA FL 33603

Title OTHER Title OTHER

Name FANTAL, DESIREE Name BURKE, TIM

Address 3132 W. LAMBRIGHT ST. Address 5914 N. TAMPA ST.

City-State-Zip: TAMPA FL 33604

City-State-Zip: TAMPA FL 33615

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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 M JENKINS

PRODUCING ARTISTIC DIRECTOR

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

OTHER Title Title DEVELOPMENT CHAIR

RUDOWSKY, WILLI Name Name EASON, CAITLIN Address

1 BEACH DR. SE 2705

City-State-Zip: ST. PETERSBURG FL 33701

Address PO BOX 7975

City-State-Zip: TAMPA FL 33673