

**2024 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

01/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title TRUSTEE  
Name CLEGG, STEPHANIE  
Address 307 W. HENRY AVE.  
City-State-Zip: TAMPA FL 33604

Title TREASURER  
Name BURKE, TIM  
Address 5914 N. TAMPA ST.  
City-State-Zip: TAMPA FL 33604

Title VC  
Name MEYER, RANDI  
Address PO BOX 7975  
City-State-Zip: TAMPA FL 33673

Title CHAIRMAN  
Name MUTCHLER, TONY  
Address 777 N. ASHLEY DR.  
UNIT 1401  
City-State-Zip: TAMPA FL 33602

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

Title DEVELOPMENT CHAIR  
Name BONSALL, AUTUMN  
Address 10410 SPRINGROSE DRIVE  
City-State-Zip: TAMPA FL 33626

**Continues on page 2**

*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**

01/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name EASON, CAITLIN  
Address 20084 STONE PINE CIR.  
City-State-Zip: LUTZ FL 33558

Title TRUSTEE  
Name PARKER, LAUREN  
Address 6260 ASHBURY PALMS DR.  
City-State-Zip: TAMPA FL 33647