2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001137

Entity Name: THE JOBSITE THEATER, INC.

FILED Jan 11, 2024 **Secretary of State** 5655423282CC

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 Title **TRUSTEE**

JENKINS, DAVID M DR. Name Name CASEY, BRAD

3608 N TAMPA ST 1010 NWC MACINNES PL Address Address

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

Title **TREASURER** Title TRUSTEE Name BURKE, TIM Name CLEGG, STEPHANIE

Address 5914 N. TAMPA ST. Address 307 W. HENRY AVE. TAMPA FL 33604 City-State-Zip: City-State-Zip: TAMPA FL 33604

Title **CHAIRMAN** VC Title

Name MUTCHLER, TONY Name MEYER, RANDI

Address 777 N. ASHLEY DR. PO BOX 7975 Address **UNIT 1401**

TAMPA FL 33673

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

Title **TRUSTEE** Title **DEVELOPMENT CHAIR** GETTO, ELISSA Name

BONSALL, AUTUMN Name 3421 HYDE PARK DR. Address

Address 10410 SPRINGROSE DRIVE CLEARWATER FL 33761

City-State-Zip: City-State-Zip: TAMPA FL 33626

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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

01/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title TRUSTEE Title TRUSTEE

Name EASON, CAITLIN Name PARKER, LAUREN

Address 20084 STONE PINE CIR. Address 6260 ASHBURY PALMS DR.

City-State-Zip: LUTZ FL 33558 City-State-Zip: TAMPA FL 33647