

2020 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

01/20/2020

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

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

Title VICE CHAIR
Name LOVELL, BRENDA
Address 5115 STRATTON AVE.
City-State-Zip: TAMPA FL 33624

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

Title OTHER
Name RUDOWSKY, WILLI
Address 1 BEACH DR. SE
2705
City-State-Zip: ST. PETERSBURG FL 33701

Title DEVELOPMENT CHAIR
Name EASON, CAITLIN
Address PO BOX 7975
City-State-Zip: TAMPA FL 33673

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
DIRECTIR**

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date