

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000012242

Entity Name: T-HILL ENTERTAINMENT INC.**Current Principal Place of Business:**343 W 60TH ST
JACKSONVILLE, FL 32208**Current Mailing Address:**P.O. BOX 9342
1440 EDGEWOOD AVE W
JACKSONVILLE, FL 32208 US**FEI Number:** 81-4810114**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELL, TAMARA Y
343 W 60TH ST
JACKSONVILLE, FL 32208 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	BELL, TAMARA Y
Address	343 W 60TH ST
City-State-Zip:	JACKSONVILLE FL 32208

Title	COO
Name	RASHEED, RAHMAN T
Address	908 QUARTERMAN STREET
City-State-Zip:	WAYCROSS GA 31501

Title	TREASURER
Name	MITCHELL, JAMIE
Address	706 CHARLOTTE ST
City-State-Zip:	WAYCROSS GA 31501

Title	EXECUTIVE SECRETARY
Name	YOUNG, KIMBERLY D
Address	343 W 60TH ST
City-State-Zip:	JACKSONVILLE FL 32208

Title	OFFICER
Name	SIMMONS, CANDICE
Address	212 FIRST STREET
City-State-Zip:	HARDEEVILLE SC 29927

Title	OFFICER
Name	FEDD, BRYAN
Address	617 CHEROKEE AVE B
City-State-Zip:	WAYCROSS GA 31501

Title	ASST. SECRETARY
Name	WILLIAMS, NETTIE M
Address	908 QUARTERMAN STREET
City-State-Zip:	WAYCROSS GA 31501

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: TAMARA Y BELL

CEO

04/27/2019

Electronic Signature of Signing Officer/Director Detail_____
Date