

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000278

Entity Name: THE PARENT HELP CENTER, INC.**Current Principal Place of Business:**1652 DOLPH RD.
JACKSONVILLE, FL 32220**Current Mailing Address:**1652 DOLPH RD.
JACKSONVILLE, FL 32220 US**FEI Number:** 75-2986175**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ELLISON, GLENN F.
1652 DOLPH RD.
JACKSONVILLE, FL 32220 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:** GLENN ELLISON

02/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name ELLISON, GLENN F
Address 1652 DOLPH RD.
City-State-Zip: JACKSONVILLE FL 32220

Title PRES
Name GUYOT, MICHELLE
Address 555 LITTLE FOX DRIVE
City-State-Zip: ORANGE PARK FL 32073

Title TREA
Name ELLISON, SHEILA
Address 1652 DOLPH ROAD
City-State-Zip: JACKSONVILLE FL 32220

Title SEC.
Name ELLISON, SHEILA
Address 1652 DOLPH ROAD
City-State-Zip: JACKSONVILLE FL 32220

Title VP
Name BOWMAN, JOHNNY
Address 650 PECAN PARK ROAD
SITE #57
City-State-Zip: JACKSONVILLE FL 32218

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: SHEILA ELLISON**SECRETARY/TREASURER** 02/03/2023

Electronic Signature of Signing Officer/Director Detail

Date