

**2018 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:**CONTEMPORARY BUSINESS SERVICES, INC.  
4070 HERSCHEL ST.  
JACKSONVILLE, FL 32210 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	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	BAILEY, CLAYTON
Address	1087 VICTORY LAKE DRIVE
City-State-Zip:	JACKSONVILLE FL 32221

Title	VP
Name	LESNICK, MANDY
Address	1942 WAGES WAY
City-State-Zip:	JACKSONVILLE FL 32018

*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****TREASURER****03/09/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date