

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005825

**Entity Name:** DR N.H. JONES PARENTS ORGANIZATION, INC.

**FILED**  
**Feb 18, 2021**  
**Secretary of State**  
**7684891338CC**

**Current Principal Place of Business:**

1900 SW 5TH ST  
OCALA, FL 34471

**Current Mailing Address:**

1900 SW 5TH ST  
OCALA, FL 34471

**FEI Number:** 45-5511105

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEEN, STEPHANIE R  
1900 SW 5TH STREET  
OCALA, FL 34471 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:** STEPHANIE KEEN

02/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KEEN, STEPHANIE  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name COX, BRIAN  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name ROBINSON, ALEESHA  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name GIARRUSSO, BRITTA  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name MILLER, PAULA  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title DIRE  
Name MAHMOOD, NOOR  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name COLLINS, JASON  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title DIRECTOR  
Name VIZCAINO, FELIX  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

**Continues on page 2**

*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:** STEPHANIE KEEN

**DIRECTOR**

02/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SHELDON, DANIELLE  
Address 1900 SW 5TH ST  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name HOULE, JENNIFER  
Address 1900 SW 5TH ST  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name KARTH, JADE  
Address 1900 SW 5TH ST  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name MADRIZ, INGRID  
Address 1900 SW 5TH ST  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name COLEMAN, LISA  
Address 1900 SW 5TH ST  
City-State-Zip: OCALA FL 34471