

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005825

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

**FILED**  
**Mar 10, 2023**  
**Secretary of State**  
**7643819637CC**

**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:**

MADRIZ, INGRID  
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: INGRID MADRIZ**

**03/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name COX, BRIAN  
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 SHELDON, DANIELLE  
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

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

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

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

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*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: INGRID MADRIZ**

**TREASURER**

**03/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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