

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005825

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

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC4150829042**

**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:**

CORTES, JOSE H JR.  
4 SE BROADWAY ST  
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:** JOSE H. CORTES, JR.

04/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

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

Title DIRECTOR  
Name GRACE, MERIBETH  
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:** JENNIFER EGGERS

**DIRECTOR**

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name O'NEAL, JENNI  
Address 1900 SW 5TH ST  
City-State-Zip: OCALA FL 34471

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

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

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

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

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