

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005825

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

**Current Principal Place of Business:**

1900 SW 5TH ST  
OCALA, FL 34471

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC5608152114**

**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.**

**04/30/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FECHTMAN, LORRI  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title D  
Name VARGO, JESSICA  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title D  
Name EPSTEIN, KAY  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

Title D  
Name MIZZONI, MISTY  
Address 1900 SW 5TH ST  
City-State-Zip: Ocala FL 34471

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

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

*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: LORRI FECHTMAN**

**DIRECTOR**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date