

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005825

FILED
Jan 23, 2020
Secretary of State
5892640823CC

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

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

01/23/2020

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 SAMA, MATT
Address 1900 SW 5TH ST
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name RANDALL, ROCHELLE
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

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

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name MATHEWS, LISSY
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 SMITH, BRANDY
Address 1900 SW 5TH ST
City-State-Zip: OCALA FL 34471