

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005825

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

FILED
Feb 19, 2019
Secretary of State
8507983788CC

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

02/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title DIRECTOR
Name CHETTY, THIROSHAN
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 OWEN, JESSICA
Address 1900 SW 5TH ST
City-State-Zip: Ocala FL 34471

Title DIRECTOR
Name MYERS, DIANA
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: STEPHANIE KEEN

DIRECTOR

02/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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