

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000009288

**Entity Name:** BLACK PARENT SUPPORT NETWORK, INC

**Current Principal Place of Business:**

6271 ST AUGUSTINE ROAD  
24-1156  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6271 ST AUGUSTINE ROAD  
24-1156  
JACKSONVILLE, FL 32217

**FEI Number:** 85-2839597

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARNES, CATHERINE  
6271 ST AUGUSTINE ROAD  
24-1156  
JACKSONVILLE, FL 32217 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HUTCHINSON, KARLA  
Address 19957 NE 114TH AVE  
City-State-Zip: WALDO FL 32694

Title VP  
Name JACKSON, CHANAE  
Address 603 EAST FT KING STREET  
City-State-Zip: OCALA FL 34471

Title VP  
Name BARNES, CATHERINE  
Address 6271 ST. AUGUSTINE ROAD, SUITE 24  
-1156  
City-State-Zip: JACKSONVILLE FL 32217

Title TREA  
Name HOUCHEN, DIEDRE  
Address 4311 NW 12TH PLACE  
City-State-Zip: GAINESVILLE FL 32605

*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:** CATHERINE L BARNES

VP

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date