

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008477

Entity Name: HUBBARD FAMILY MINISTRIES, INCORPORATED**Current Principal Place of Business:**4623 W. EL PRADO BLVD.
TAMPA, FL 33629**Current Mailing Address:**4623 W. EL PRADO BLVD.
TAMPA, FL 33629**FEI Number:** 91-2110157**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUBBARD, JOSEPHINE B
4623 W. EL PRADO BLVD.
TAMPA, FL 33629 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	PD
Name	HUBBARD, JOSEPHINE B
Address	4623 W. EL PRADO BLVD.
City-State-Zip:	TAMPA FL 33629

Title	VD
Name	HUBBARD, RONALD C
Address	4623 W. EL PRADO BLVD.
City-State-Zip:	TAMPA FL 33629

Title	SD
Name	HUBBARD, VANESSA
Address	4623 W. EL PRADO BLVD.
City-State-Zip:	TAMPA FL 33629

Title	DT
Name	GODDARD, VALERIE H
Address	2511 W. KNOLLWOOD CT.
City-State-Zip:	TAMPA FL 33614

Title	MEMB
Name	HUBBARD, RONALD CHARLES MEMBER
Address	1501 W. AZTEC AVENUE SPACE 64
City-State-Zip:	GALLUP NM 87301

Title	MEMB
Name	KIRTON, MARYANN
Address	14438 BAILEY FIELD DRIVE
City-State-Zip:	WIMAUMA FL 33598

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: JOSEPHINE B HUBBARD**PRESIDENT****02/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date