FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:14

DOCUMENT # 741462 (6)

1. Corporation Name
HUBBARD HOUSE, INC.

Principal Place of Business	Mailing Address
4800 BEACH BLVD JACKSONVILLE FL 32207 US	P O BOX 4909 JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1978
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1814635 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DE YOUNG, RITA K.
3049 SANS PAREIL ST
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M	1.1 TITLE	☑ Change ☐ Addition
NAME	DEYOUNG, RITA K.	1.2 NAME	
STREET ADDRESS	3049 SANS PAREIL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	32216
TITLE	PD	2.1 TITLE	☑ Change ☐ Addition
NAME	GALLO, SUSAN M	2.2 NAME	PD Linda M Robertson, M.D.
STREET ADDRESS	4927 APACHE AVENUE	2.3 STREET ADDRESS	1043 Big Pine Key
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Atlantic Beach FL 32233
TITLE	VD	3.1 TITLE	☑ Change ☐ Addition
NAME	ROBERTSON, LINDA M M.D.	3.2 NAME	VD Helen Jackson
STREET ADDRESS	1043 BIG PINE KEY	3.3 STREET ADDRESS	8008 Whisper Lake Lane East
CITY-ST-ZIP	ATLANTIC BEACH FL	3.4 CITY-ST-ZIP	Ponte Vedra Beach Fl 32082
TITLE	TD	4.1 TITLE	☑ Change ☐ Addition
NAME	BHIDE, CAROL	4.2 NAME	TD Cheryl Borek
STREET ADDRESS	13510 MANDARIN RD	4.3 STREET ADDRESS	3758 Planters Creek Circle W.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	SD	5.1 TITLE	☑ Change ☐ Addition
NAME	MAKESY, FRANK	5.2 NAME	SD Susan Wallace
STREET ADDRESS	2158 RIO COVE DRIVE	5.3 STREET ADDRESS	1912 Hickory Lane
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	DE YOUNG, RITA K	6.2 NAME	
STREET ADDRESS	3049 SANS PAREIL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	32216

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/3/95 399-1000 X301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024764