FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT #

1. Corporation Name 741462

(6)

HUBBARD HOUSE, INC.							
Principal Place of	Business	Mailing Address			J INDIN (BAN BISON / IBN Arana sun	2 Hat Biått Erfin arbit ereit eien anen.	
4800 BEACH BLVD JACKSONVILLE FL 32207		P O BOX 4909 JACKSONVILLE FL 32201					
US		US			3. Date Incorporated or Qualified 01/26/1978	3a. Date of Last Report 03/09/1995	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number	Applied Fo	
1		26			59-1814635	Not Applic - \$8.75 Addition	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required	
2	etc. #6	27			S. Fleeting Compaign Financing	\$5.00 May B	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	Added to Fees	
3	Country	28 Zip	Country		This corporation has liability for	intangible tax under s. 199.032	2,
Zip Ti	Country 25	29	30		Florida Statutes	∐ Yes MSNo	
4	9. Name and Address of Current		\ <u></u>		10. Name and Address of New I	Registered Agent	
	3. Helio dite site		81	Name			
4 DE VOUN	IG, RITA K.		82	Street A	ddress (P.O. Box Number is Not Accepta	ble)	
	NS PAREIL ST	62 Succ. 74					
	NVILLE FL 32216		83				
JACKSON	WILLE I'L SEE 10		84	City		85 Zip Code	
•			1	1 1	poration submits this statement for the pu loard of directors. I hereby accept the ap		
12.	Signature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	13.	ert signature rei	quired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 1 Change Ad	12 ddition
THTLE	• M	□ DELETE	1.1 TITLE				
NAME	DEYOUNG, RITA K.		12 NAME				
STREET ADDRESS	3049 SANS PAREIL ST			T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000	□ DELETE	1.4 CITY - 2 1 TITLE		PD	Change 🔲 Ac	Addition
TITLE	PD	Dreceie	21 MILE 22 NAMI	1	Helen Jackson.		
NAME	ROBERTSON, LINDA M. M			ET ADDRESS	Helen Jackson La 8008 Whisper La	ke Ln E	
STREET ADDRESS	1043 BIG PINE KEY		2.4 City		Ponte Vedra B	each H 320	185
CITY-ST-ZIP	ATLANTIC BEACH FL	DELETE	3.4 C/TL		VD	Change 🗀 🕰	Addition
TITLE	VD JACKSON, HELEN		3 2 NAM	. I			
NAME ADDRESS	8008 WHISPER LAKE LANE,	FAST		ET ADDRESS	コママルヒーレルの かてという くり	eek Circle	
STREET ADDRESS	PONTE VEDRA BEACH FL		3.4.011	- ST - ZIP	Jacksonville	<u> </u>	4.44(4)=-
CITY - ST - ZIP TITLE	TD	DELETE	4.1 TITLE		TD	∑ Change ☐ A	Addition
NAME	BOREK, CHERYL		4. 2 NAN	!E	Nina Soileau	« Pd	
STREET ADDRESS	3758 PLANTERS CREEK CIF	ICLE	4.3 STRE	ET ADDRESS	Wina Solleau 6191 West Shore	D 30073	
CITY-ST-ZIP	JACKSONVILLE FL			ST-ZIP	Orange Park	Change A	Addition
TITLE	SD	DELETE	5 1 ไปไป		SD Stausant		
NAME	WALLACE, SUSAN		5.2 NAN		June Stewart 10322 Triple Cro	un Ave.	
STREET ADDRESS	1912 HICKORY LANE			EET ADDRESS	Jacksonville F	32257	
CITY - ST - ZIP	ATLANTIC BEACH FL	DELETE	5.4 CITY 6.1 TITL	r · ST - ZIP	JACKSON VICTOR	Change 🔲 /	Addition
TITLE	D DE VOINO DEA K		6.1 IIIL	,	2000017	ገናተናተፈ 1011 001	1
NAME	DE YOUNG, RITA K			EET ADDRESS	-U4/1U/95U	1011001	1,
STREET ADDRESS	3049 SANS PAREIL ST		6.4.00	/ . ST 7IP	***70.00		
CITY-ST-ZIP	hy cartify that the information supplied	with this filing is voluntarily fu			alify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I fu	urther
certify that	by certify that the information supplied at the information indicated on this and I am an officer or director of the corp in Block 12 or Block 13 if changed, o	nual report of supplemental at poration or the receiver or trus	irnished and d nnual report is tee empowers		alify for the exemption stated in Section 1 courate and that my signature shall have the this report as required by Chapter 617	19.07(3)(k), Florida Statutes. I fu the same legal effect as if made , Florida Statutes; and that my r	urth e un nair