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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **741462** **(6)**

1. Corporation Name

HUBBARD HOUSE, INC.

Principal Place of Business	Mailing Address
4800 BEACH BLVD SUITE 6 JACKSONVILLE FL 32207 US	P O BOX 4909 JACKSONVILLE FL 32201-4909 US

3. Date Incorporated or Qualified: **01/26/1978**
3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	DM	☐ DELETE	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	32246
TITLE	TD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SOILEAU, NINA		2.2 NAME	
STREET ADDRESS	6191 WEST SHORES RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	JACKSON, HELEN		3.2 NAME	
STREET ADDRESS	8008 WHISPER LAKE LANE, EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		3.4 CITY-ST-ZIP	32082
TITLE	VD	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOREK, CHERYL		4.2 NAME	
STREET ADDRESS	3758 PLANTERS CREEK CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, JUNE		5.2 NAME	
STREET ADDRESS	10322 TRIPLE CROWN AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Vice President ☐ Change ☒ Addition
NAME			6.2 NAME	Susan Wallace
STREET ADDRESS			6.3 STREET ADDRESS	1912 Hickory Lane
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Atlantic Bch, FL 32233-4517

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Rita K. DeYoung 1/7/97 (904) 399-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 6004419