

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90084 032 \*\*\*\*70.00

|                                                                             |         |                                                                 |         |
|-----------------------------------------------------------------------------|---------|-----------------------------------------------------------------|---------|
| <b>DOCUMENT # 741462</b>                                                    |         |                                                                 |         |
| 1. Entity Name<br>HUBBARD HOUSE, INC.                                       |         |                                                                 |         |
| Principal Place of Business<br>P.O. BOX 4909<br>JACKSONVILLE FL 32201<br>US |         | Mailing Address<br>P.O. BOX 4909<br>JACKSONVILLE FL 32201<br>US |         |
| 2. Principal Place of Business                                              |         | 3. Mailing Address                                              |         |
| Suite, Apt. #, etc.                                                         |         | Suite, Apt. #, etc.                                             |         |
| City & State                                                                |         | City & State                                                    |         |
| Zip                                                                         | Country | Zip                                                             | Country |
| 4. FEI Number<br>59-1814635                                                 |         | Applied For<br>Not Applicable                                   |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>        |         | 8.75 Additional Fee Required.                                   |         |

44004103



MOORE CR2E037 (11/03)

|                                                                                                                     |  |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>SILER, ELLEN<br>450 PALMETTO STREET<br>JACKSONVILLE FL 32201 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|---------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

|                                                |                                                                                                                              |                                                       |                                                                                                                                                                            |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | IPP<br>TAYLOR, NANCY<br>PO BOX 4909<br>JACKSONVILLE FL 32202 <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 2VP<br>OBER, VINCENT<br>HUBBARD HOUSE PO BOX 4909<br>JAX FL 32201 <input checked="" type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>Ober, Vincent<br>Hubbard House<br>P.O. Box 4909<br>Jacksonville, FL 32201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>SHICKEL, PAUL<br>HUBBARD HOUSE PO BOX 4909<br>JACKSONVILLE FL 32201 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOD<br>SILER, ELLEN<br>HUBBARD HOUSE PO BOX 4909<br>JACKSONVILLE FL 32202 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BROCKELMAN, ELIZABETH<br>HUBBARD HOUSE PO BOX 4909<br>JACKSONVILLE FL 32201 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | First Vice President<br>Andrea Mims<br>Hubbard House, P.O. Box 4909<br>Jacksonville, FL 32201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MIMS, ANDREA<br>HUBBARD HOUSE P.O. BOX 4909<br>JACKSONVILLE FL 32202 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Secretary<br>Roseann Duran<br>Hubbard House, P.O. Box 4909<br>Jacksonville, FL 32201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ellen Siler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *(904) 354-0076*  
Daytime Phone #