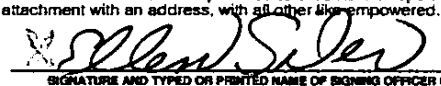


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90019 038 ****70.00

DOCUMENT # 741462					
1. Entity Name HUBBARD HOUSE, INC.					
Principal Place of Business P.O. BOX 4909 JACKSONVILLE, FL 32201 US			Mailing Address P.O. BOX 4909 JACKSONVILLE, FL 32201 US		
2. Principal Place of Business		3. Mailing Address		 01052005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1814635	Applied For ☐ Not Applicable ☐
				5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SILER, ELLEN 450 PALMETTO STREET JACKSONVILLE, FL 32201				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	IPP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	TAYLOR, NANCY		NAME	Ober, Vincent	
STREET ADDRESS	PO BOX 4909		STREET ADDRESS	Hubbard House - P.O. Box 4909	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	P	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	OBER, VINCENT		NAME	Terry Ward	
STREET ADDRESS	HUBBARD HOUSE PO BOX 4909		STREET ADDRESS	Hubbard House - P.O. Box 4909	
CITY-ST-ZIP	JAX, FL 32201		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	T	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SHICKEL, PAUL		NAME	Maureen Townsend	
STREET ADDRESS	HUBBARD HOUSE PO BOX 4909		STREET ADDRESS	Hubbard House P.O. Box 4909	
CITY-ST-ZIP	JACKSONVILLE, FL 32201		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	CEO	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SILER, ELLEN		NAME		
STREET ADDRESS	HUBBARD HOUSE PO BOX 4909		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	1VP	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MIMS, ANDREA		NAME	President	
STREET ADDRESS	HUBBARD HOUSE PO BOX 4909		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32201		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	DURAN, ROSEANN		NAME	Secretary Lindsey Riggs	
STREET ADDRESS	HUBBARD HOUSE P.O. BOX 4909		STREET ADDRESS	Hubbard House P.O. Box 4909	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	JACKSONVILLE, FL 32202	
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: 			1/5/05 (904) 354-0076		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		