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	Mailing Address
P.O. BOX 4909 JACKSONVILLE, FL 32201 US	P.O. BOX 4909 JACKSONVILLE, FL 32201 US

01052005 Chg-NP CR2E037 (10/03)

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 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	IPP TAYLOR, NANCY PO BOX 4909 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Ober, Vincent Hubbard House - P.O. Box 4909 Jacksonville Fl 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OBER, VINCENT HUBBARD HOUSE PO BOX 4909 JAX, FL 32201	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition IVP Terry Ward Hubbard House - P.O. Box 4909 Jacksonville, Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHICKEL, PAUL HUBBARD HOUSE PO BOX 4909 JACKSONVILLE, FL 32201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Treasurer Maureen Townsend Hubbard House P.O. Box 4909 Jacksonville, Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD SILER, ELLEN HUBBARD HOUSE PO BOX 4909 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP MIMS, ANDREA HUBBARD HOUSE PO BOX 4909 JACKSONVILLE, FL 32201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DURAN, ROSEANN HUBBARD HOUSE P.O. BOX 4909 JACKSONVILLE, FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Secretary Lindsey Riggs Hubbard House PO Box 4909 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: Ellen Siler 1/5/05 (904) 354-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #