

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90025 022 ****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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SILER, ELLEN 450 PALMETTO STREET JACKSONVILLE, FL 32201 <i>confidential location Domestic violence shelter</i>				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: <i>x Ellen Siler</i> 1-6-06 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, 2006		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 OBER, VINCENT HUBBARD HOUSE PO BOX 4909 JACKSONVILLE, FL 32202 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wilson Carley, Jr. Hubbard House P.O. Box 4909 Jacksonville, FL 32202 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IV WARD, TERRY HUBBARD HOUSE PO BOX 4909 JAX, FL 32201 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st. V.P. Mary Harves Hubbard House P.O. Box 4909 Jacksonville, FL 32202 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOWNSEND, MAUREEN HUBBARD HOUSE PO BOX 4909 JACKSONVILLE, FL 32201 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Arthur Hurwitz Hubbard House P.O. Box 4909 Jacksonville, FL 32202 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO 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	P MIMS, ANDREA HUBBARD HOUSE PO BOX 4909 JACKSONVILLE, FL 32201 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Diana Spicer Hubbard House P.O. Box 4909 Jacksonville, FL 32202 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIGGS, LINDSEY HUBBARD HOUSE P.O. BOX 4909 JACKSONVILLE, FL 32202 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second vice president Lindsey Riggs Hubbard House P.O. Box 4909 Jacksonville, FL 32202 ☒ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>x Ellen Siler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/6/06 (904) 354-0076 Date Daytime Phone #		