

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741462

FILED
Jan 04, 2011
Secretary of State

Entity Name: HUBBARD HOUSE, INC.

Current Principal Place of Business:

450 PALMETTO STREET
* CONFIDENTIAL LOCATION
JACKSONVILLE, FL 32201 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4909
JACKSONVILLE, FL 32201 US

New Mailing Address:

FEI Number: 59-1814635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SILER, ELLEN
450 PALMETTO STREET
(CONFIDENTIAL LOCATION)
JACKSONVILLE, FL 32201 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: IPP
Name: YOUNG, REGINA
Address: PO BOX 4909
City-St-Zip: JACKSONVILLE, FL 32202

Title: P
Name: KNEEDLER, PETER
Address: HUBBARD HOUSE PO BOX 4909
City-St-Zip: JACKSONVILLE, FL 32202

Title: 1VP
Name: BARATA, SANDY
Address: HUBBARD HOUSE POB 4909
City-St-Zip: JACKSONVILLE, FL 32202

Title: CEO
Name: SILER, ELLEN
Address: HUBBARD HOUSE PO BOX 4909
City-St-Zip: JACKSONVILLE, FL 32202

Title: T
Name: PELLINO, MARTHA
Address: HUBBARD HOUSE PO BOX 4909
City-St-Zip: JACKSONVILLE, FL 32202

Title: S
Name: HUFFMAN, JOAN
Address: HUBBARD HOUSE PO BOX 4909
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL GINZIG

CFO

01/04/2011

Electronic Signature of Signing Officer or Director

Date