

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008477

FILED
May 18, 2005
Secretary of State

Entity Name: HUBBARD FAMILY MINISTRIES, INCORPORATED

Current Principal Place of Business:

4623 W. ELPRADO BLVD.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4623 W. ELPRADO BLVD.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 91-2110157 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUBARD, JOSEPHINE B
4623 W. ELPRADO BLVD.
TAMPA, FL 33629 US

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: PD () Delete
Name: HUBARD, JOSEPHINE B
Address: 4623 W. ELPRADO BLVD.
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: HUBARD, RONALD C
Address: 4623 W. ELPRADO BLVD.
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: HUBBARD, RONALD CHARLES
Address: GENERAL DELIVERY
City-St-Zip: GAMERCO, NEW MEXICO, 87317

Title: DT () Delete
Name: GODDARD, VALERIE H
Address: 2511 W. KNOLLWOOD CT.
City-St-Zip: TAMPA, FL 33614

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: POWELL, THERESA
Address: 8427 N. 37TH STREET
City-St-Zip: TAMPA, FL 33604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MEMB () Change (X) Addition
Name: RHODES, MAXINE
Address: 701 BROWN STREET
City-St-Zip: PLANT CITY, FL 33563

Title: MEMB () Change (X) Addition
Name: JOHNSTON, CHERYL
Address: 2009 JUNIPER CIRCLE
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPHINE HUBBARD

PD

05/18/2005

Electronic Signature of Signing Officer or Director

Date