

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008477

FILED
Apr 14, 2009
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. EL PRADO BLVD.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 91-2110157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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

Title: SD () Delete
Name: HUBBARD, VANESSA
Address: 4623 W. EL PRADO BLVD.
City-St-Zip: TAMPA, FL 33629

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

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

Title: MEMB () Delete
Name: MAYES, LEARTIS
Address: 2007 MAGDALENE MANOR DR.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 B. HUBBARD

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date