


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

01-10-2007 90044 002 ****70.00
08-03-2007 90019 013 ****70.00

DOCUMENT # N05000011352		
1. Entity Name HUBBARD HOUSE FOUNDATION, INC.		

Principal Place of Business P.O. BOX 4909 JACKSONVILLE, FL 32201	Mailing Address P.O. BOX 4909 JACKSONVILLE, FL 32201
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40128088



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3809007	Applied For <input type="checkbox"/> Not Applicable
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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	
CURLEY, CHARLES R JR. 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32207		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 September 14, 2007**

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	DST HURWITZ, ARTHUR P.O. BOX 4909 JACKSONVILLE, FL 32201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TREDINNICK, JOANNE P.O. BOX 4909 JACKSONVILLE, FL 32201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - D Tredennick, Jo Ann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 4909 JACKSONVILLE, FL 32201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, NANCY P.O. BOX 4909 JACKSONVILLE, FL 32201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - D E. Lanny Russell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 4909 JACKSONVILLE, FL 32201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treasurer - D Rebecca Berg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 4909 JACKSONVILLE, FL 32201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Ellen Siler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 4909 JACKSONVILLE, FL 32201

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: Ellen Siler **Ellen Siler** (904) 354-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 44-320