2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2025
Secretary of State
4015527734CC

DOCUMENT# 741462

Entity Name: HUBBARD HOUSE, INC.

Current Principal Place of Business:

6629 BEACH BOULEVARD
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 4909
JACKSONVILLE, FL 32201 US

FEI Number: 59-1814635

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PATIN, GAIL
6629 BEACH BOULEVARD
JACKSONVILLE, FL 32216 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: GAIL PATIN 03/26/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO
Name	PATIN, GAIL
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

Title	PRESIDENT
Name	BARBARA, FINKE
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

Title	DIRECTOR
Name	HINES, ROBERT
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

Title	SECRETARY
Name	BRADLEY, LAURA
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

Title	TREASURER
Name	KEITZER, JJ
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

Title	DIRECTOR
Name	FORREST, TARA
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

Title	DIRECTOR
Name	KOVACOCY, JOE
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

Title	2ND VP
Name	CHIANG, EVELYN
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

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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: DR. GAIL A. PATIN, LCSW CEO 03/26/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title 1ST VP
Name DACKIEWICZ, STEPHEN
Address P.O. BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title DIRECTOR
Name MORNINGSTAR, GLENN
Address P.O. BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title DIRECTOR
Name TOASTON, KELLY
Address P.O. BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title DIRECTOR
Name NAPONELLI, JILL
Address P.O. BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title DIRECTOR
Name NOIR-JONES, LOU
Address PO BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title DIRECTOR
Name HERFORD, WEST
Address P.O. BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title IMMEDIATE PAST PRESIDENT
Name SHERLINSKI, BRANDON
Address P.O. BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title DIRECTOR
Name ZOLLER, JUDY
Address P.O. BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title DIRECTOR
Name SMITH, CATIE
Address PO BOX 4909
City-State-Zip: JACKSONVILLE FL 32201