2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2020
Secretary of State
1682396104CC

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 01/15/2020

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	VP
Name	BURNETT, JENNIFER
Address	P.O. BOX 4909
City-State-Zip:	JACKSONVILLE FL 32201

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

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

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

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

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

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

Continues on page 2

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: GAIL PATIN CEO 01/15/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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