

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

04/12/2024

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

Title PAST PRESIDENT
Name MIRA, JANEEN
Address P.O. BOX 4909
City-State-Zip: JACKSONVILLE FL 32201

Title 1ST VP
Name BARBARA, FINKE
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 HINES, ROBERT
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 DIRECTOR
Name BRADLEY, LAURA
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: DR. GAIL PATIN

CEO

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title 2ND VP
Name CHIANG, EVELYN
Address P.O. 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 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 TREASURER
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 SECRETARY
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