

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746656 (8)
1. Corporation Name
FRIENDS OF THE HUDSON LIBRARY, INC.



Principal Place of Business: 8012 LIBRARY RD HUDSON FL 34667
Mailing Address: 8012 LIBRARY RD HUDSON FL 34667

3. Date Incorporated or Qualified: 04/05/1979
3a. Date of Last Report: 01/30/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1967069		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip			
25	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		30		B	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

DELEHANTY, AILEEN B.
7831 NEW YORK AVE
HUDSON FL 34667

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KUHN, CINDY	1.2 NAME	LAURA LARAWAY
STREET ADDRESS	8012 LIBRARY RD	1.3 STREET ADDRESS	12839 US Hwy 19
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	Hudson Fl 34667
TITLE	VPD	2.1 TITLE	vpd
NAME	DUFRESNE, PATRICIA	2.2 NAME	GERRY STARKEY
STREET ADDRESS	6833 UDELL LANE	2.3 STREET ADDRESS	7632 New Jersey Ave
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	Hudson Fl 34667
TITLE	SD	3.1 TITLE	
NAME	MCDERMOTT, KELLY	3.2 NAME	
STREET ADDRESS	12021 ALTOONA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	DELEHANTY, AILEEN	4.2 NAME	
STREET ADDRESS	7300 MACKEREL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STARKEY, GERRY	5.2 NAME	
STREET ADDRESS	7632 NEW JERSEY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	VINCENT, JUDY	6.2 NAME	
STREET ADDRESS	12021 ALTOONA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aileen B Delehanty Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (813)862-3690
Date Daytime Phone #

CR2E037 (12/95)

AILEEN B. DELEHANTY
CERTIFIED PUBLIC ACCOUNTANT

2-2

7831 NEW YORK AVE.
HUDSON, FL 34667

PHONE (813) 862-3690
FAX (813) 862-3690

P.O. BOX 5715
HUDSON, FL 34674

4/24/96

Please note in Box 12 and Box 13 that our intent is to delete
Cindy Kuhn and Patricia Dufresne as officers and directors
AND Laura Laraway is our new pres/dir., Gerry Starkey
is or new Vice Pres/dir. and all the other officers/directors
remain unchanged. So I hope I filled out the front of the form
correctly.

Aileen Delehanty