

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1967069

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	<input checked="" type="checkbox"/> DELETE
NAME	KUHN, CINDY	
STREET ADDRESS	8012 LIBRARY RD	
CITY - ST - ZIP	HUDSON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DUFRESNE, PATRICIA	
STREET ADDRESS	6833 UDELL LANE	
CITY - ST - ZIP	HUDSON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCDERMOTT, KELLY	
STREET ADDRESS	12021 ALTOONA AVE	
CITY - ST - ZIP	HUDSON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DELEHANTY, AILEEN	
STREET ADDRESS	7300 MACKEREL LANE	
CITY - ST - ZIP	HUDSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARKEY, GERRY	
STREET ADDRESS	7632 NEW JERSEY AVE	
CITY - ST - ZIP	HUDSON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VINCENT, JUDY	
STREET ADDRESS	12021 ALTOONA AVE	
CITY - ST - ZIP	HUDSON FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAURA LARAWAY	
1.3 STREET ADDRESS	12839 US Hwy 19	
1.4 CITY - ST - ZIP	Hudson Fl 34667	
2.1 TITLE	vpd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GERRY STARKEY	
2.3 STREET ADDRESS	7632 New Jersey Ave	
2.4 CITY - ST - ZIP	Hudson Fl 34667	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Delehanby Incorp.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (813)862-3690

Date

Daytime Phone #

CR2E037 (12/95)

2-2  
AILEEN B. DELEHANTY

CERTIFIED PUBLIC ACCOUNTANT

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*