

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 746656 (8)**

1. Corporation Name  
**FRIENDS OF THE HUDSON LIBRARY, INC.**

Principal Place of Business <b>8012 LIBRARY RD HUDSON FL 34867</b>	Mailing Address <b>8012 LIBRARY RD HUDSON FL 34667</b>
---	---



<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Zip	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>04/05/1979</b>	
<b>4.</b> FEI Number <b>59-1967069</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**DELEHANTY, AILEEN B.**  
**7831 NEW YORK AVE**  
**HUDSON FL 34867**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LARAWAY, LAURA	
STREET ADDRESS	12839 US HWY 19	
CITY-ST-ZIP	HUDSON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STARKEY, GERRY	
STREET ADDRESS	7632 NEW JERSEY AVE.	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONBAR, ROBERT	
STREET ADDRESS	7711 TYSON DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	TD	<input checked="" 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	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOB DONBAR	
1.3 STREET ADDRESS	7711 TYSON DRIVE	
1.4 CITY-ST-ZIP	HUDSON FLA 34668	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERB MELLINGER	
2.3 STREET ADDRESS	10532 QUIMBY DRIVE	
2.4 CITY-ST-ZIP	PORT RICHEY FLA. 34668	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOE STAGLIANO	
3.3 STREET ADDRESS	16110 SURREY DR	
3.4 CITY-ST-ZIP	HUDSON FLA. 34667	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LINDA BURKE	
4.3 STREET ADDRESS	7229 HUDSON AVE	
4.4 CITY-ST-ZIP	HUDSON FLA 34667	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_

CR2E037 (10/97)