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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746656** (8)

1. Corporation Name

FRIENDS OF THE HUDSON LIBRARY, INC.

Principal Place of Business

Mailing Address

**8012 LIBRARY RD
HUDSON FL 34667**

**8012 LIBRARY RD
HUDSON FL 34667**



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

3. Date Incorporated or Qualified

04/05/1979

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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	1.1 TITLE	PD
NAME	LARAWAY, LAURA	1.2 NAME	BOB DONBAR
STREET ADDRESS	12839 US HWY 19	1.3 STREET ADDRESS	7711 TYSON DRIVE
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	HUDSON FLA 34668
TITLE	VPD	2.1 TITLE	VP
NAME	STARKEY, GERRY	2.2 NAME	HERB MELLINGER
STREET ADDRESS	7632 NEW JERSEY AVE.	2.3 STREET ADDRESS	10532 QUIMBY DRIVE
CITY-ST-ZIP	HUDSON FL	2.4 CITY-ST-ZIP	PORT RICHEY FLA. 34668
TITLE	D	3.1 TITLE	TREASURER
NAME	DONBAR, ROBERT	3.2 NAME	JOE STAGLIANO
STREET ADDRESS	7711 TYSON DR	3.3 STREET ADDRESS	16110 SURREY AL
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	HUDSON FLA. 34667
TITLE	TD	4.1 TITLE	DIRECTOR
NAME	DELEHANTY, AILEEN	4.2 NAME	LINDA BURKE
STREET ADDRESS	7300 MACKEREL LANE	4.3 STREET ADDRESS	7229 HUDSON AVE
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	HUDSON FLA 34667
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 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: *[Signature]* TERRY S. STAGLIANO 4/13/98 813-811-7181

CR2E037 (10/97)