

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90006 003 ****61.25

0071622

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 746656

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

04/05/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For Not Applicable

22

27

59-1967069

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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 [] DELETE NAME DONBAR, BOB STREET ADDRESS 7711 TYSON DR CITY-ST-ZIP HUDSON FL

1.1 TITLE SECRETARY [] Change [X] Addition 1.2 NAME GEORGEANN BENNETT 1.3 STREET ADDRESS 8012 LIBRARY RD 1.4 CITY-ST-ZIP HUDSON, FL 34667

TITLE VP [] DELETE NAME MELLINGER, HERB STREET ADDRESS 10532 QUIMBY DR CITY-ST-ZIP PORT RICHEY FL 34668

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE T [] DELETE NAME STAGLIANO, JO STREET ADDRESS 1011 SURREY DR CITY-ST-ZIP HUDSON FL

3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE D [] DELETE NAME BURKE, LINDA STREET ADDRESS 7229 HUDSON AVE CITY-ST-ZIP HUDSON FL

4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE D [] DELETE NAME STARKEY, GERRY STREET ADDRESS 7632 NEW JERSEY AVE CITY-ST-ZIP HUDSON FL

5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE D [] DELETE NAME VINCENT, JUDY STREET ADDRESS 12021 ALTOONA AVE CITY-ST-ZIP HUDSON FL

6.1 TITLE [] Change [] 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH S. STAGLIANO 1/17/99 727-862-7682

Date

Daytime Phone #

CR2E037 (11/98)