


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

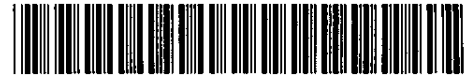
FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90002 014 ****61.25

DOCUMENT # 746656	
1. Entity 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1967069	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CORS, LORRAINE 8012 LIBRARY RD HUDSON FL 34667	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	LASHER, CAROL
STREET ADDRESS	8994 SR 52
CITY-ST-ZIP	HUDSON FL 34667
TITLE	T <input type="checkbox"/> Delete
NAME	STAGLIANO, JO
STREET ADDRESS	1011 SURREY DR
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
TITLE	S <input type="checkbox"/> Delete
NAME	SCHAUM, JOANNE
STREET ADDRESS	8042 LIBRARY RD
CITY-ST-ZIP	HUDSON FL 34667
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL LASHER
STREET ADDRESS	8994 S.R. 52
CITY-ST-ZIP	HUDSON FL. 34667
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY VINCENT
STREET ADDRESS	12021 ALTOONA AVE
CITY-ST-ZIP	HUDSON FL. 34669
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATHENA CONE
STREET ADDRESS	12907 SANDBURST LANE
CITY-ST-ZIP	HUDSON FL. 34667
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY SCHEWE
STREET ADDRESS	14423 PIMPERTON DRIVE
CITY-ST-ZIP	HUDSON FL. 34667

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph S. Stagliano	Signature and Typed or Printed Name of Signing Officer or Director	Date 2/9/04	Daytime Phone # 7278683433
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