


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90050 003 ****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**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
CORS, LORRAINE
8012 LIBRARY RD
HUDSON FL 34667

4. FEI Number: **59-1967069**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: LASHER, CAROL STREET ADDRESS: 8994 SR 52 CITY-ST-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE: V.P. NAME: LASHER, CAROL STREET ADDRESS: 8994 S.R. 52 CITY-ST-ZIP: HUDSON, FL. 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: STAGLIANO, JO STREET ADDRESS: 1011 SURREY DR CITY-ST-ZIP: HUDSON FL	<input type="checkbox"/> Delete	TITLE: D NAME: BRANCH, NOLA STREET ADDRESS: 12718 SUGAR CREEK BLVD. CITY-ST-ZIP: HUDSON, FL. 34669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: STARKEY, GERRY STREET ADDRESS: 7632 NEW JERSEY AVE CITY-ST-ZIP: HUDSON FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: CAMERON, BETTY STREET ADDRESS: 13100 PEBBLE BEACH CIRCLE CITY-ST-ZIP: HUDSON, FL. 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: VINCENT, JUDY STREET ADDRESS: 12021 ALTOONA AVE CITY-ST-ZIP: HUDSON FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: JUDY VINCENT STREET ADDRESS: 12021 ALTOONA AVE CITY-ST-ZIP: HUDSON, FL. 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: SCHAUM, JOANNE STREET ADDRESS: 8042 LIBRARY RD CITY-ST-ZIP: HUDSON FL 34667	<input type="checkbox"/> Delete	TITLE: D NAME: TOMASZEWSKI, JAN STREET ADDRESS: 7229 HUDSON AVE CITY-ST-ZIP: HUDSON, FL. 34667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: CONE, ATHENA STREET ADDRESS: 12907 SAND BURST LANE CITY-ST-ZIP: HUDSON FL 34667	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: CONE, ATHENA STREET ADDRESS: 12907 SAND BURST LANE CITY-ST-ZIP: HUDSON, FL. 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joe Stagliano* **Joe Stagliano Treasurer 1/25/05 727 868 3433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____