


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90123 043 ****61.25

DOCUMENT # 746656
1. Entity Name
FRIENDS OF THE HUDSON LIBRARY, INC.



Principal Place of Business Mailing Address
8012 LIBRARY RD **8012 LIBRARY RD**
HUDSON FL 34667 **HUDSON FL 34667**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-1967069 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<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	BRANCH, NOLA	
STREET ADDRESS	12718 SUGAR CREEK BOULEVARD	
CITY-ST-ZIP	HUDSON FL 34669	
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	P	<input type="checkbox"/> Delete
NAME	CONE, ATHENA	
STREET ADDRESS	12907 SAND BURST LANE	
CITY-ST-ZIP	HUDSON FL 34667	

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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLA BRANCH	
STREET ADDRESS	12718 SUGAR CREEK BLVD.	
CITY-ST-ZIP	HUDSON FL 34669	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **Joseph S. Stagliano** 2/15/06 727 868 3433