

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746656

FILED  
Jan 20, 2010  
Secretary of State

**Entity Name:** FRIENDS OF THE HUDSON LIBRARY, INC.

**Current Principal Place of Business:**

8012 LIBRARY RD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

8012 LIBRARY RD  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 59-1967069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KERSHNER, STEPHEN A  
8012 LIBRARY RD  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LASHER, CAROL  
Address: 8994 SR 52  
City-St-Zip: HUDSON, FL 34667

Title: T  
Name: STAGLIANO, JOE  
Address: 12130 SPARTAN WAY #17-202  
City-St-Zip: HUDSON, FL 34667

Title: VP  
Name: BRANCH, NOLA  
Address: 12718 SUGAR CREEK BOULEVARD  
City-St-Zip: HUDSON, FL 34669

Title: D  
Name: BEIL, MAGGIE  
Address: US 19 N  
City-St-Zip: HUDSON, FL 34667

Title: S  
Name: SCHAUM, JOANNE  
Address: 8042 LIBRARY RD  
City-St-Zip: HUDSON, FL 34667

Title: P  
Name: CONE, ATHENA  
Address: 12907 SAND BURST LANE  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH STAGLIANO

T

01/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date