

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90195 006 ****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

JUU44443



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1967069

Applied For
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, JOHN	
STREET ADDRESS	15839 SEA PINES DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LASHER, CAROL	
STREET ADDRESS	8994 SR S2	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE SCHAUM	
STREET ADDRESS	8012 LIBRARY RD	
CITY-ST-ZIP	HUDSON FLA. 34667	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL LASHER	
STREET ADDRESS	8994 S.R. 52	
CITY-ST-ZIP	HUDSON FLA. 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		

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 another like empowered.

SIGNATURE:

Joseph S. Stagliano Joseph S. Stagliano 2/8/03 727 868 3433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)