

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746656

Entity Name: FRIENDS OF THE HUDSON LIBRARY, INC.**Current Principal Place of Business:**8012 LIBRARY RD
HUDSON, FL 34667**Current Mailing Address:**8012 LIBRARY RD
HUDSON, FL 34667**FEI Number:** 59-1967069**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANACORE, DENISE
8012 LIBRARY RD
HUDSON, FL 34667 US*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**Officer/Director Detail :**

Title	D
Name	GEMMOLA, GERRI
Address	8752 HELMSLEY LANE
City-State-Zip:	HUDSON FL 34667

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

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

Title	D
Name	RAIRIGH, GERALDINE
Address	13518 NORMAN CIRCLE
City-State-Zip:	HUDSON FL 34667

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

Title	VP
Name	CONE, ATHENA
Address	12907 SAND BURST LANE
City-State-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: JOE STAGLIANO**TREASURER****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date