

**2016 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	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	VP
Name	CONE, ATHENA
Address	12907 SAND BURST LANE
City-State-Zip:	HUDSON FL 34667

Title	DIRECTOR
Name	BARRY, SYLVIA
Address	8012 LIBRARY RD
City-State-Zip:	HUDSON FL 34667

Title	DIRECTOR
Name	LIPPMAN, LORI
Address	8012 LIBRARY RD
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****01/22/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date