2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90050 003 ****61.25

DOCUMENT # 746656

1. Entity Name

FRIENDS OF THE HUDSON LIBRARY, INC.

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

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 _____ 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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASHER, CAROL 8994 SR 52 HUDSON FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. LASHER, CAROL 8994 S.R. 52 HUDSON, FLA. 34667	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STAGLIANO, JO 1011 SURREY DR HUDSON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANCH, NOLA 12718 SUGAR CREEK BLVD. HUDSON, FLA. 34669	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STARKEY, GERRY 7632 NEW JERSEY AVE HUDSON FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMERON, BETTY 13100 PEBBLE BEACH CIRCLE HUDSON FLA. 34667	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VINCENT, JUDY 12021 ALTOONA AVE HUDSON FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUDY VINCENT 12021 ALTOONA AVE HUDSON FLA. 34669	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHAUM, JOANNE 8042 LIBRARY RD HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMASZEWSKI, JAN 7229 HUDSON AVE HUDSON, FLA. 34667	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONE, ATHENA 12907 SAND BURST LANE HUDSON FL 34667	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONE, ATHENA 12907 SAND BURST LANE HUDSON, FLA. 34667	☑ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Joe Stagliano Joe Stagliano Treasurer 1/25/05 7278683433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #