


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90097 041 \*\*\*\*61.25

<b>DOCUMENT # 746656</b>	
1. Entity Name <b>FRIENDS OF THE HUDSON LIBRARY, INC.</b>	

Principal Place of Business <b>8012 LIBRARY RD HUDSON FL 34667</b>	Mailing Address <b>8012 LIBRARY RD HUDSON FL 34667</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent  <b>CORS, LORRAINE 8012 LIBRARY RD HUDSON FL 34667</b>	
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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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>D LASHER, CAROL 8994 SR 52 HUDSON FL 34667</b>	
<b>T STAGLIANO, JO 1011 SURREY DR HUDSON FL</b>	
<b>V BRANCH, NOLA 12718 SUGAR CREEK BOULEVARD HUDSON FL 34669</b>	
<b>D VINCENT, JUDY 12021 ALTOONA AVE HUDSON FL</b>	
<b>S SCHAUM, JOANNE 8042 LIBRARY RD HUDSON FL 34667</b>	
<b>P CONE, ATHENA 12907 SAND BURST LANE HUDSON FL 34667</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PRESIDENT BRANCH, NOLA 12718 SUGAR CREEK BLVD. HUDSON, FLA. 34669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VICE PRESIDENT CONE, ATHENA 12907 SAND BURST LANE HUDSON FLA. 34667</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 1/29/07 727 868 3433