

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746656

FILED
Feb 05, 2008
Secretary of State

Entity Name: FRIENDS OF THE HUDSON LIBRARY, INC.

Current Principal Place of Business:

8012 LIBRARY RD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

8012 LIBRARY RD
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-1967069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORS, LORRAINE
8012 LIBRARY RD
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

KERSHNER, STEPHEN A
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: STEPHEN A. KERSHNER

02/05/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LASHER, CAROL
Address: 8994 SR 52
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: STAGLIANO, JO
Address: 1011 SURREY DR
City-St-Zip: HUDSON, FL

Title: P () Delete
Name: BRANCH, NOLA
Address: 12718 SUGAR CREEK BOULEVARD
City-St-Zip: HUDSON, FL 34669

Title: D () Delete
Name: VINCENT, JUDY,
Address: 12021 ALTOONA AVE
City-St-Zip: HUDSON, FL

Title: S () Delete
Name: SCHAUM, JOANNE
Address: 8042 LIBRARY RD
City-St-Zip: HUDSON, FL 34667

Title: VP () Delete
Name: CONE, ATHENA
Address: 12907 SAND BURST LANE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STAGLIANO, JOE
Address: 12130 SPARTAN WAY #17-202
City-St-Zip: HUDSON, FL 34667

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOE STAGLIANO

TREA

02/05/2008

Electronic Signature of Signing Officer or Director

Date