


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90037 022 \*\*\*\*61.25

<b>DOCUMENT # 710828</b> 1. Entity Name <b>THE DEBARY PUBLIC LIBRARY ASSOCIATION, INC.</b>	
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Principal Place of Business <b>200 NCR BEALL BLVD DEBARY, FL 32713 US</b>	Mailing Address <b>PO BOX 213 DEBARY, FL 32713</b>
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**DO NOT WRITE IN THIS SPACE**

02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>23-7229025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LOMBARDI, GERALD D  
45 CATALINA DR  
DEBARY, FL 32713**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$81.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOMBARDI, GERALD D 45 CATALINA DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PULVER, CAROL 21 VOLUSIA DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOMBARDI, SUSANNE M 45 CATALINA DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V2D BARDON, MARYANN 25 LAKE DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKS, JAN 223 BUENA VISTA STREET DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Gerald D. Lombardi **2/26/04 386-668-7817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #