2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State
04-07-2005 90027 016 ****61.25

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1. Entity Name
THE DEBARY PUBLIC LIBRARY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 NOR BEALL BLVD DEBARY, FL 32713 US	PO BOX 213 DEBARY, FL 32713

03242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 530213 Suite, Apt. #, etc.
City & State	City & State: DEBARY FL
Zip / Country	Zip: 32753-0213 / Country: U.S.

4. FEI Number: 23-7229025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOMBARDI, GERALD D 45 CATALINA DR DEBARY, FL 32713	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

Filing 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		
TYPE NAME STREET ADDRESS CITY-ST-ZIP	PD LOMBARDI, GERALD D 45 CATALINA DR DEBARY, FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	VD PULVER, CAROL 21 VOLUSIA DR DEBARY, FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	TD LOMBARDI, SUSANNE M 45 CATALINA DR DEBARY, FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	V2D BARDON, MARYANN 25 LAKE DR DEBARY, FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKS, JAN 223 BUENA VISTA STREET DEBARY, FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Gerald D Lombardi 4-2-05 386-668-7817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #