

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 710828

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



Principal Place of Business
**200 NCR BEALL BLVD
DEBARY, FL 32713 US**

Mailing Address
**PO BOX 530213
DEBARY, FL 32713 US**



04072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
23-7229025

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000726920
05/04/07-80026-017 61.25

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Susanne M. Lombardi **SUSANNE M. LOMBARDI** 4/16/07 407-314-2095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #