

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 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**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000779988
01/14/08-80004-009 70.00

**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:

Gerald D. Lombardi **GERALD D. Lombardi** 1-9-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

386-668-7817

Daytime Phone #