2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 710828

Entity Name: THE DEBARY PUBLIC LIBRARY ASSOCIATION, INC.

Current Principal Place of Business:

200 NCR BEALL BLVD
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 530213
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 23-7229025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LOMBARDI, GERALD D	
Address:	45 CATALINA DR	
City-St-Zip:	DEBARY, FL 32713	
Title:	VD	( ) Delete
Name:	PULVER, CAROL	
Address:	21 VOLUSIA DR	
City-St-Zip:	DEBARY, FL 32713	
Title:	TD	( ) Delete
Name:	LOMBARDI, SUSANNE M	
Address:	45 CATALINA DR	
City-St-Zip:	DEBARY, FL 32713	
Title:	V2D	( ) Delete
Name:	BARDON, MARYANN	
Address:	25 LAKE DR	
City-St-Zip:	DEBARY, FL 32713	
Title:	SD	( ) Delete
Name:	MARKS, JAN	
Address:	223 BUENA VISTA STREET	
City-St-Zip:	DEBARY, FL 32713	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: GERALD D. LOMBARDI PD 02/23/2009

Electronic Signature of Signing Officer or Director — Date