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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709828 (8)

1. Corporation Name

THE ASSOCIATION OF FORMER STUDENTS OF THE FLORIDA
A SCHOOL FOR THE BLIND, INC

Principal Place of Business

Mailing Address

207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-9799

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ST AUGUSTINE FL 32084-9799

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:16

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1965	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2403468	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

SOWELL, HERBERT H.
207 N. SAN MARCO AVE.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMPSON, LEO
STREET ADDRESS 119 CADIZ STREET, APT. 199
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP
NAME PAULOS, JEANNETTE
STREET ADDRESS 32 SPENCER STREET
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE RS
NAME HERNANDEZ, SALLY T
STREET ADDRESS 6552 DIANE ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE CS
NAME BLACK, LYNN
STREET ADDRESS 322 CIRCLE DRIVE, WEST
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE T
NAME SOWELL, HERBERT H.
STREET ADDRESS 3656 LEWIS SPEEDWAY
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Same

VP: Doreen...
Mary Inez Mauldin...
23 N. Bonita Avenue
Panama City, FL

RS

Barbara Lourcey
7 Russell Blvd.
St. Augustine, FL 32095

CS

Dorothy G. Sowell
3656 Lewis Speedway
St. Augustine, FL 32095-8605

Same

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herbert H. Sowell - HERBERT H. SOWELL 1-17-95 904-829-8465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #