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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham •

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 709828

(8)

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

Principal Place of Business Mailing Address 207 N SAN MARCO AVE 207 N SAN MARCO AVE ST AUGUSTINE FL 32084-9799 ST AUGUSTINE FL 32084-9799 3a. Date of Last Report 3. Date Incorporated or Qualified 02/10/1995 10/28/1965 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2403468 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 B. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zιο Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) SOWELL, HERBERT H. 82 207 N. SAN MARCO AVE. 83 ST. AUGUSTINE FL 32084 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Director Change **K**) DELETÉ 1 1 TITLE TITLE Thompson, Leo 1.2 NAME NAME THOMPSON, LEO 2731 Blairstone Road, Apt. 74 119 CADIZ STREET, APT. 199 1.3 STREET ADDRESS STREET ADDRESS Tallahassee, FL 32301 TALLAHASSEE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP X) Change Addition X)DELETE 21 TITLE TITLE **VP** Sally Hernandez Trayer 2.2 NAME PAULOS, JEANNETTE NAME 6552 Diane Road 2.3 STREET ADDRESS STREET ADDRESS 32 SPENCER STREET Jacksonville, FL 32277 2 4 CHTY - ST - 7IP ST. AUGUSTINE FL CITY-ST-ZIP X Change ☐ Addition X DELETE 3.1 TITLE TITLE RS Adelaide King 32 NAME NAME HERNANDEZ, SALLY T 2842 Downing Street 3.3 STREET ADDRESS STREET ADDRESS 6552 DIANE ROAD Jacksonville, FL 32205 JACKSONVILLE FL 34. CITY - ST - ZIP CITY - ST- ZIP X Change Addition **X**ELETE 4.1 TITLE TITLE CS Dorothy G. Sowell D Director 4.2 NAME NAME BLACK, LYNN 3656 Lewis Speedway 4.3 STREET ADDRESS 322 CIRCLE DRIVE, WEST STREET ADDRESS St. Augustine, FL 32095 ST. AUGUSTINE FL 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition X DELETE 5.1 TITLE TITLE Sowell, Herbert H. D. Director. 5 2 NAME NAME SOWELL, HERBERT H. 3656 Lewis Speedway 5.3 STREET ADDRESS 3656 LEWIS SPEEDWAY STREET ADDRESS St. Augustine, FL 32095 5.4 CITY-ST-ZIP ST. AUGUSTINE FL CITY - ST - ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed,

61 TITLE

62 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

X DELETE

IONING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD

MAULDIN, MARY INEZ

23 N BONITA AVE

PANAMA CITY FL

3/13/96

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(904) 829-8415

(12/95)**CR2E037**