

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-9790 - 2799**

Mailing Address

**207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-2762 2799**



3. Date Incorporated or Qualified
10/28/1965

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SOWELL, HERBERT H
207 N. SAN MARCO AVE.
ST. AUGUSTINE FL 32084 -2799**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

32084-2799

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

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** ☐ DELETE

NAME **THOMPSON, LEO**
STREET ADDRESS **2731 BLAIRSTONE ROAD APT. 74**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VP** ☐ DELETE

NAME **TRAYER, SALLY H**
STREET ADDRESS **6552 DIANE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **RS** ☒ DELETE

NAME **KING, ADELAIDE**
STREET ADDRESS **2842 DOWNING STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **CSD** ☐ DELETE

NAME **SOWELL, DOROTHY G**
STREET ADDRESS **3656 LEWIS SPEEDWAY**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **TD** ☐ DELETE

NAME **SOWELL, HERBERT H**
STREET ADDRESS **3656 LEWIS SPEEDWAY**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**RS
Hughes, Barbara
220 Rainey Avenue
St. Augustine, FL 32095**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: **Herbert H. Sowell** **HERBERT H. SOWELL** **2-3-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-1230

CR2E037 (9/96)