

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709828

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 32084-9799

Mailing Address
207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-9799

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90075 024 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1965	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2403468	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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

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 Herbert H. Sowell - Treasurer DATE 3-23-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LEO	1.2 NAME	
STREET ADDRESS	2731 BLAIRSTONE ROAD APT. 74	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNETTE PAULOS	2.2 NAME	Sally Hernandez Trayer
STREET ADDRESS	22 SPENCER ST.	2.3 STREET ADDRESS	6552 Diane Road
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	RS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE L. BLACK	3.2 NAME	Shelley Bell
STREET ADDRESS	322 CIRCLE DR. WEST	3.3 STREET ADDRESS	5422 Myrica Road
CITY-ST-ZIP	ST AUGUSTINE FL 32095	3.4 CITY-ST-ZIP	Orlando, FL 3281-1720
TITLE	CSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWELL, DOROTHY G	4.2 NAME	
STREET ADDRESS	3656 LEWIS SPEEDWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWELL, HERBERT H	5.2 NAME	
STREET ADDRESS	3656 LEWIS SPEEDWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Herbert H. Sowell **REQUIRED** Herbert H. Sowell DATE 3-23-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #