


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90037 050 \*\*\*\*61.25

<b>DOCUMENT # 709828</b>	
<b>1. Entity Name</b>	
THE ASSOCIATION OF FORMER STUDENTS OF THE FLORIDA SCHOOL FOR THE BLIND, INC	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
207 N SAN MARCO AVE ST AUGUSTINE FL 32084-9799	207 N SAN MARCO AVE ST AUGUSTINE FL 32084-2799

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc. 207 San Marco Ave	Suite, Apt. #, etc. 13741 Sophomore Lane
City & State St Augustine	City & State Ft Myers
Zip 32084	Zip 33912
Country St Johns	Country Lee



MOORE CR2E037 (11/03)

<b>4. FEI Number</b>	<b>Applied For</b>
59-2403468	<input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	

<b>6. Name and Address of Current Registered Agent</b>
SOWELL, HERBERT H 207 N. SAN MARCO AVE. ST. AUGUSTINE FL 32084

<b>7. Name and Address of New Registered Agent</b>
Name: Lloyd R Jones
Street Address (P.O. Box Number is Not Acceptable) 13741 Sophomore Lane
City: Ft Myers FL Zip Code: 33912

<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>
SIGNATURE: Lloyd Jones Treasurer <i>[Signature]</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASSANDRA, JESSIE 1845 OLD MOULTRIE ROAD, APT 21 SAINT AUGUSTINE FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUSTICE, SHERMAN 1197 ORANGE WEST BLVD WINTER GARDEN FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BELL, SHELLEY 5422 MYRICA RD. ORLANDO FL 3281-720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD SOWELL, DOROTHY G 3656 LEWIS SPEEDWAY ST. AUGUSTINE FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOWELL, HERBERT H 3656 LEWIS SPEEDWAY ST. AUGUSTINE FL 32095 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD Lloyd Jones 13741 Sophomore Lane Ft Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>
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<b>SIGNATURE:</b> <i>[Signature]</i>	<b>DATE:</b> Jan 27 2004	<b>DAYTIME PHONE #:</b> 239 764 0721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		