

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

02-01-2005 90041 006 ****61.25

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1st MOORE CR2E037 (10/04)

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|---|--|--|---|--|--|
| DOCUMENT # 709828 1. Entity Name THE ASSOCIATION OF FORMER STUDENTS OF THE FLORIDA SCHOOL FOR THE BLIND, INC | | | | | |
| Principal Place of Business 207 N SAN MARCO AVE ST AUGUSTINE FL 32084-9799 | | | Mailing Address LLOYD JONES 13741 SPHMORE LN FORT MYERS FL 33912 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2403468 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| JONES, LLOYD R 13741 SOPHMORE LANE FORT MYERS FL 33912 | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD CASSANDRA, JESSIE <input checked="" type="checkbox"/> Delete | | TITLE | Pres <input type="checkbox"/> Change <input type="checkbox"/> Addition Robert Miller 2201 Linrick Dr. Ft. Lauderdale FL 33304 | |
| NAME | 1845 OLD MOULTRIE ROAD, APT 21 | | NAME | | |
| STREET ADDRESS | SAINT AUGUSTINE FL 32086 | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | VP <input type="checkbox"/> Delete | | TITLE | | |
| NAME | JUSTICE, SHERMAN | | NAME | | |
| STREET ADDRESS | 1197 ORANGE WEST BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | | CITY-ST-ZIP | | |
| TITLE | RS <input type="checkbox"/> Delete | | TITLE | | |
| NAME | BELL, SHELLEY | | NAME | | |
| STREET ADDRESS | 5422 MYRICA RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL 3281-720 | | CITY-ST-ZIP | | |
| TITLE | CSD <input type="checkbox"/> Delete | | TITLE | | |
| NAME | SOWELL, DOROTHY G | | NAME | | |
| STREET ADDRESS | 3656 LEWIS SPEEDWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32095 | | CITY-ST-ZIP | | |
| TITLE | TD <input type="checkbox"/> Delete | | TITLE | | |
| NAME | JONES, LLOYD | | NAME | | |
| STREET ADDRESS | 13741 SOPHMORE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE: <u>Lloyd R Jones</u> <u>Trish...</u> <u>3/5/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |