


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90233 031 \*\*\*\*61.25

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

Principal Place of Business <b>207 N SAN MARCO AVE ST AUGUSTINE, FL 32084-9799</b>	Mailing Address <b>LLOYD JONES 13741 SOPHMORE LN FORT MYERS, FL 33912</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2403468**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent	
<b>JONES, LLOYD R 13741 SOPHMORE LANE FORT MYERS, FL 33912</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ROBERT</b>	NAME	
STREET ADDRESS	<b>2201 LEMTICK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32309</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUSTICE, SHERMAN</b>	NAME	
STREET ADDRESS	<b>1197 ORANGE WEST BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>	CITY-ST-ZIP	
TITLE	RS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, SHELLEY</b>	NAME	
STREET ADDRESS	<b>5422 MYRICA RD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 3281-720</b>	CITY-ST-ZIP	
TITLE	CSD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOWELL, DOROTHY G</b>	NAME	<b>SILVA Miller</b>
STREET ADDRESS	<b>3656 LEWIS SPEEDWAY</b>	STREET ADDRESS	<b>2201 Lemtick Dr.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32095</b>	CITY-ST-ZIP	<b>Tallahassee, FL 32309</b>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, LLOYD</b>	NAME	
STREET ADDRESS	<b>13741 SOPHMORE LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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:** *Lloyd Jones* **1/10/06 2397076160**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #