

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2403468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: MILLER, ROBERT
STREET ADDRESS: 2201 LEMTICK DR
CITY-STATE-ZIP: TALLAHASSEE FL 32309

TITLE: VP ☐ Delete
NAME: JUSTICE, SHERMAN
STREET ADDRESS: 1197 ORANGE WEST BLVD
CITY-STATE-ZIP: WINTER GARDEN FL 34787

TITLE: RS ☐ Delete
NAME: BELL, SHELLEY
STREET ADDRESS: 5422 MYRICA RD.
CITY-STATE-ZIP: ORLANDO FL 3281--720

TITLE: CSD ☐ Delete
NAME: MILTER, SILK
STREET ADDRESS: 2201 LEMTICK DR
CITY-STATE-ZIP: TALLAHASSEE FL 32309

TITLE: TD ☐ Delete
NAME: JONES, LLOYD
STREET ADDRESS: 13741 SOPHMORE LANE
CITY-STATE-ZIP: FORT MYERS FL 33912

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: U00000642618
STREET ADDRESS: 03/01/07-80051-011 61.25
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/17 239 707 6160