

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709828

FILED
Jan 10, 2009
Secretary of State

Entity Name: THE ASSOCIATION OF FORMER STUDENTS OF THE FLORIDA SCHOOL FOR THE BLIND, INC

Current Principal Place of Business:

207 N SAN MARCO AVE
ST AUGUSTINE, FL 320849799

New Principal Place of Business:

Current Mailing Address:

LLOYD JONES
13741 SPHMORE LN
FORT MYERS, FL 33912

New Mailing Address:

207 N SAN MARCO AVE
ST AUGUSTINE, FL 320849799

FEI Number: 59-2403468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, LLOYD R
13741 SOPHMORE LANE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, ROBERT
Address: 2201 LEMTICK DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP () Delete
Name: JUSTICE, SHERMAN
Address: 1197 ORANGE WEST BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: RS () Delete
Name: BELL, SHELLEY
Address: 5422 MYRICA RD.
City-St-Zip: ORLANDO, FL 3281-720

Title: CSD () Delete
Name: MILTER, SILK
Address: 2201 LENTICK DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: JONES, LLOYD
Address: 13741 SOPHMORE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FRY, CLIFFORD
Address: 2005 HIGH GLEN CT. S
City-St-Zip: LAKELAND, FL 33813 480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD JONES

TR

01/10/2009

Electronic Signature of Signing Officer or Director

Date