

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709828

FILED
Jan 13, 2012
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:

13741 SOPHOMORE MLANE
FT. MYERS FL., FL 339126872 US

New Mailing Address:

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
Name: MILLER, ROBERT
Address: 2201 LEMTICK DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP
Name: FRY, CLIFFORD
Address: 2005 HIGH GLEN CT S
City-St-Zip: LAKELAND , FL., FL 33813

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

Title: CSD
Name: MILTER, SILA
Address: 2201 LENTICK DR
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: VP
Name: FRY, CLIFFORD
Address: 2005 HIGH GLEN CT. S
City-St-Zip: LAKELAND, FL 33813

I hereby 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 all other like empowered.

SIGNATURE: LLOYD JONES

TD

01/13/2012

Electronic Signature of Signing Officer or Director

Date