

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90199 033 ****61.25

DOCUMENT # 709828

1. Entity Name

**THE ASSOCIATION OF FORMER STUDENTS OF THE FLORIDA
A SCHOOL FOR THE BLIND, INC**



Principal Place of Business

**207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-9799**

Mailing Address

**207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-2799**

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**

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

**SOWELL, HERBERT H
207 N. SAN MARCO AVE.
ST. AUGUSTINE FL 32084**

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 *Herbert H. Sowell* - **HERBERT H. SOWELL**

1-11-03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CASSANDRA, JESSIE
1845 OLD MOULTRIE ROAD, APT 21
SAINT AUGUSTINE FL 32086** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOLSTEIN, JONESA
3285 TOMAHAWK DRIVE
KISSIMMEE FL 32746** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SHERMAN "BO" JUSTICE
1197 ORANGE WEST BLVD.
WINTER GARDEN FLA. 34787** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSD
SOWELL, DOROTHY G
3656 LEWIS SPEEDWAY
ST. AUGUSTINE FL 32095** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SOWELL, HERBERT H
3656 LEWIS SPEEDWAY
ST. AUGUSTINE FL 32095** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Herbert H. Sowell* - **HERBERT H. SOWELL**

1-11-03

(904) 829-8415

CR2E037 (10/02)