

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 714358	
1. Entity Name FOUNDATION FOR THE SCHOOLS FOR THE DEAF AND THE BLIND OF FLORIDA, INC.	
Principal Place of Business 207 N SAN MARCO AVENUE ST AUGUSTINE, FL 32084	Mailing Address 207 N SAN MARCO AVENUE ST AUGUSTINE, FL 32084



01312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7182169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMITH, DAVID
308 EBB TIDE CT
PONTE VEDRA BEACH, FL 32082

**DO NOT WRITE
IN THIS SPACE**

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 restateating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000834365
02/28/08-80050-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, HENRY F 24 N ST AUGUSTINE BLVD SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, DAVID 308 EBB TIDE CT PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, HENRY 848 WHITE EAGLE CIR ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLON, MARY JANE 902 REDBUD TRAIL SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTO, DANIEL L 845 CRESTWOOD DR SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JOHN 31 CORDOVA ST. ST. AUGUSTINE, FL

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

David Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

Date

904824 2845

Daytime Phone #