

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709828

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**4856555842CC**

**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 32084-9799

**Current Mailing Address:**

13741 SOPHOMORE MLANE  
FT. MYERS FL., FL 33912-6872 US

**FEI Number: 59-2403468**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title P  
Name MILLER, ROBERT  
Address 2201 LEMTICK DR  
City-State-Zip: TALLAHASSEE FL 32309

Title VP  
Name MIKE, WINKLER  
Address 698 MARCOT ST  
City-State-Zip: ORLANDO FL 32809

Title RS  
Name FLEISHER, PEGGY  
Address 39 BOTANY LANE  
City-State-Zip: PALMCOAST FL 32137

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

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

*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**

**01/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date