

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768162** (0)
1. Corporation Name
THE VANGUARD SCHOOL OF LAKE WALES, FLORIDA, INC.



Principal Place of Business: 2249 HWY. 27 N. LAKE WALES FL 33853
Mailing Address: 2249 HWY. 27 N. LAKE WALES FL 33853

3. Date Incorporated or Qualified: 04/26/1983
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-2298398
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
City & State: 27
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
CRAIG, ROY A., JR.
130 E. CENTRAL AVE.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MYERS, CORNEAL B.(CHMN)	
STREET ADDRESS	130 E. CENTRAL AVE.	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELSON, HARRY E.	
STREET ADDRESS	1226 TRIANGLE DR.	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOOCH, MR. STAPLETON D., JR.	
STREET ADDRESS	MOUNTAIN LAKE	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALUD, VIOLETA	
STREET ADDRESS	1245 S. HIGHLAND PARK DRIVE	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALDER, ROBERT G., JR.	
STREET ADDRESS	MOUNTAIN LAKE N/A	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ODOM, SANDRA T	
STREET ADDRESS	1104 LEONE DR	
CITY - ST - ZIP	HAINES CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BICE, W. T.	
1.3 STREET ADDRESS	3002 PLANTATION RD S	
1.4 CITY - ST - ZIP	WINTER HAVEN FL 33884	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARTER, MARTHA	
2.3 STREET ADDRESS	1053 SUNSET DR	
2.4 CITY - ST - ZIP	LAKE WALES FL 33853	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALEXANDER, J.D.	
3.3 STREET ADDRESS	402 SCENIC HWY N	
3.4 CITY - ST - ZIP	FROSTPROOF FL 33843	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	COX, THOMAS R	
4.3 STREET ADDRESS	P O BOX 832 NA	
4.4 CITY - ST - ZIP	LAKE WALES FL 33859	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHNSON, BECKY	
5.3 STREET ADDRESS	919 CAMPBELL AVE	
5.4 CITY - ST - ZIP	LAKE WALES FL 33853	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BORGLUND, W.R.	
6.3 STREET ADDRESS	812 THORNBURG RD	
6.4 CITY - ST - ZIP	LAKE WALES FL 33853	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra J. Odom* SANDRA J. ODOM 01/22/96 (941) 676-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)