


3-497 B-1334-C

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768162 (0)**

1. Corporation Name  
**THE VANGUARD SCHOOL OF LAKE WALES, FLORIDA, INC.**



Principal Place of Business <b>2249 HWY. 27 N. LAKE WALES FL 33853</b>	Mailing Address <b>2249 HWY. 27 N. LAKE WALES FL 33853</b>
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3. Date Incorporated or Qualified <b>04/26/1983</b>	3a. Date of Last Report <b>01/29/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2298398</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <b>Harry E. Nelson</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2249 N. U.S. Hwy 27</b>
83
84 City <b>Lake Wales</b>
85 Zip Code <b>FL 33853</b>

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: *Harry E. Nelson* **Harry E. Nelson** President **01-10-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>CD</b>	<input type="checkbox"/> DELETE
NAME <b>MYERS, CORNEAL B.(CHMN)</b>	
STREET ADDRESS <b>130 E. CENTRAL AVE.</b>	
CITY-ST-ZIP <b>LAKE WALES FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>NELSON, HARRY E.</b>	
STREET ADDRESS <b>1226 TRIANGLE DR.</b>	
CITY-ST-ZIP <b>LAKE WALES FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ALEXANDER, J.D.</b>	
STREET ADDRESS <b>402 SCENIC HWY N.</b>	
CITY-ST-ZIP <b>FROSTPROOF FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SALUD, VIOLETA</b>	
STREET ADDRESS <b>1245 S. HIGHLAND PARK DRIVE</b>	
CITY-ST-ZIP <b>LAKE WALES FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>JOHNSON, BECKY</b>	
STREET ADDRESS <b>919 CAMPBELL AVE.</b>	
CITY-ST-ZIP <b>LAKE WELLS FL</b>	
TITLE <b>ST</b>	<input type="checkbox"/> DELETE
NAME <b>ODOM, SANDRA T</b>	
STREET ADDRESS <b>1104 LEONE DR</b>	
CITY-ST-ZIP <b>HAINES CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 T Odom* **Sandra T Odom** **01/10/97** (941)676-6091  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0076084

CR2E037 (9/96)