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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2249 HWY. 27 N. LAKE WALES FL 33853	Mailing Address 2249 HWY. 27 N. LAKE WALES FL 33853
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3. Date Incorporated or Qualified 04/26/1983	
4. FEI Number 59-2298398	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NELSON, HARRY E.
2249 N. U.S. HWY 27
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	D <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	1228 TRIANGLE DR.
CITY-ST-ZIP	LAKE WALES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALEXANDER, J.D.
STREET ADDRESS	402 SCENIC HWY N.
CITY-ST-ZIP	FROSTPROOF FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SALUD, VIOLETA
STREET ADDRESS	1245 S. HIGHLAND PARK DRIVE
CITY-ST-ZIP	LAKE WALES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, BECKY
STREET ADDRESS	919 CAMPBELL AVE.
CITY-ST-ZIP	LAKE WELLS 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 <input 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 <input 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 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 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** 02/09/98 (941) 676-6091

CR2E037 (10/97)