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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768162

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

5 6 3 3 8 8 *
 563388 - 90009 - 15



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/26/1983

22 City & State

27 City & State

4. FEI Number
 59-2298398

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, HARRY E.
 2249 N. U.S. HWY 27
 LAKE WALES FL 33853

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME MYERS, CORNEAL B.(CHMN)
 STREET ADDRESS 130 E. CENTRAL AVE.
 CITY-ST-ZIP LAKE WALES FL

1.1 TITLE D Change Addition
 1.2 NAME Dr. Richard Steinhilber
 1.3 STREET ADDRESS Box 832 Mountain Lake
 1.4 CITY-ST-ZIP Lake Wales, FL 33859

TITLE PD DELETE
 NAME NELSON, HARRY E.
 STREET ADDRESS 1226 TRIANGLE DR.
 CITY-ST-ZIP LAKE WALES FL

2.1 TITLE D Change Addition
 2.2 NAME Mr. L. Patton Kline
 2.3 STREET ADDRESS Box 832 Mountain Lake
 2.4 CITY-ST-ZIP Lake Wales, FL 33859

TITLE D DELETE
 NAME ALEXANDER, J.D.
 STREET ADDRESS 402 SCENIC HWY N.
 CITY-ST-ZIP FROSTPROOF FL

3.1 TITLE D Change Addition
 3.2 NAME Mr. Andrew Hunt
 3.3 STREET ADDRESS P. O. Box 1260
 3.4 CITY-ST-ZIP Lake Wales, FL 33859

TITLE PD DELETE
 NAME SALUD, VIOLETA
 STREET ADDRESS 1245 S. HIGHLAND PARK DRIVE
 CITY-ST-ZIP LAKE WALES FL

4.1 TITLE D Change Addition
 4.2 NAME Mrs. Martha Carter
 4.3 STREET ADDRESS 1053 Sunset Drive
 4.4 CITY-ST-ZIP Lake Wales, FL 33853

TITLE D DELETE
 NAME JOHNSON, BECKY
 STREET ADDRESS 919 CAMPBELL AVE.
 CITY-ST-ZIP LAKE WELLS FL

5.1 TITLE D Change Addition
 5.2 NAME Mr. Ed Acker
 5.3 STREET ADDRESS Box 832 Mountain Lake
 5.4 CITY-ST-ZIP Lake Wales, FL 33859

TITLE ST DELETE
 NAME ODOM, SANDRA T
 STREET ADDRESS 1104 LEONE DR
 CITY-ST-ZIP HAINES CITY FL

6.1 TITLE ST Change Addition
 6.2 NAME Mrs. Yolanda Gonzalez
 6.3 STREET ADDRESS 628 Crystal's Boulevard
 6.4 CITY-ST-ZIP Winter Haven, FL 33884

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, with all other like empowered.

SIGNATURE:

Yolanda Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-99
 Date

941-676-6891
 Daytime Phone #

CR2E037 (1/98)