

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90196 045 ****61.25

UBR0203

DOCUMENT # 768162

1. Entity Name

THE VANGUARD SCHOOL OF LAKE WALES, FLORIDA, INC.

Principal Place of Business

Mailing Address

**2249 HWY. 27 N.
 LAKE WALES FL 33853**

**2249 HWY. 27 N.
 LAKE WALES FL 33853**

2. Principal Place of Business

3. Mailing Address

22000

22000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Wales, FL

Lake Wales, FL

4. FEI Number

59-2298398

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City _____ **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	1226 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	KLINE, PATTON L	
STREET ADDRESS	BOX 832 MOUNTAIN LAKE	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myers, Corneal B.	
STREET ADDRESS	Peterson & Myers P.O Box 1079	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nelson, Harry E.	
STREET ADDRESS	518 Clubhouse Drive	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moon, James R.	
STREET ADDRESS	520 Greenway Drive	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salud, Violeta	
STREET ADDRESS	1 West Central Suite 103	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hunt, Andrew	
STREET ADDRESS	Bradley Johnson Law Firm PA P.O. Box 1260	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKenna, Joann	
STREET ADDRESS	432 East Johnson Avenue	
CITY-ST-ZIP	Lake Wales, FL 33853	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Harry E. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry E. Nelson 01/08/02 863-676-6091

Date Daytime Phone #

CR2E037 (9/01)

Attachment

* Attachment to document #768162.

732856

The Vanguard School of Lake Wales, Florida

11. Additions/Changes to Officers and Directors in 10.

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Peck, Maryly VanLeer 1290 Howard Terrace NW Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Linton, Max 900 Campbell Avenue Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Cecil, Joanne Witten 4970 Lake Pierce Drive Lake Wales, FL 33853
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Carter, Martha 1053 Sunset Drive Lake Wales, FL 33853