

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90027 017 \*\*\*\*61.25

**DOCUMENT # 768162**  
 1. Entity Name  
**THE VANGUARD SCHOOL OF LAKE WALES, FLORIDA, INC.**



Principal Place of Business  
 2200 HWY 27  
 LAKE WALES, FL 33859

Mailing Address  
 2200 HWY 27  
 LAKE WALES, FL 33859

**40015385**



2. Principal Place of Business  
 22000 Hwy 27  
 Suite, Apt. #, etc.

3. Mailing Address  
 22000 Hwy 27  
 Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State  
**Lake Wales, FL**

City & State  
**Lake Wales, FL**

Zip Country  
**33859 USA**

Zip Country  
**33859 USA**

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  
**MOON, JAMES R**  
**22000 HWY 27**  
**LAKE WALES, FL 33859**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, CORNEAL B PO BOX 1079 LAKES WALES, FL 33859 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, HARRY E. 518 CLUBHOUSE DR LAKE WALES, FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, ANDREW PO BOX 1260 LAKE WALES, FL 33859 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALUD, VIOLETA 1 WEST CENTRAL STE 103 LAKE WALES, FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, JOANN 432 E JOHNSON AVE LAKE WALES, FL 33853 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, JAMES 520, GREENWAY DRIVE LAKE WALES, FL 33853 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *James R. Moon* **2-5-05** **863-626-6094**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #