


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 019 ****61.25

DOCUMENT # 768162					
1. Entity Name THE VANGUARD SCHOOL OF LAKE WALES, FLORIDA, INC.					
Principal Place of Business 22000 HWY 27 LAKE WALES, FL 33859		Mailing Address 22000 HWY 27 LAKE WALES, FL 33859			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2298398	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOON, JAMES R 22000 HWY 27 LAKE WALES, FL 33859			Name <u>Wooley-Brown, Cathy</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>Cathy Wooley-Brown, Pres.</u> 1/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERTRAND, DIANE	NAME			
STREET ADDRESS	2852 PRESTWICK DR.	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAYNES, ARNOLD	NAME			
STREET ADDRESS	PO BOX 832	STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES, FL 33859	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUNT, ANDREW	NAME			
STREET ADDRESS	PO BOX 1260	STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES, FL 33859	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALUD, VIOLETA	NAME			
STREET ADDRESS	1 WEST CENTRAL STE 103	STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENNA, JOANN	NAME			
STREET ADDRESS	432 E JOHNSON AVE	STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES, FL 33853	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOON, JAMES	NAME	Wooley-Brown, Cathy		
STREET ADDRESS	9940 47 AVE N #C-305	STREET ADDRESS	4504 Hickory Creek Lane		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708	CITY-ST-ZIP	Brandon, FL 33511		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Cathy Wooley-Brown</u>		Date: <u>1/12/06</u>		Daytime Phone #: <u>863-676-6091</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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