


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2298398</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WOOLEY-BROWN, CATHY**  
 22000 HWY 27  
 LAKE WALES, FL 33859

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

400000922075  
 02/19/08-90051-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTRAND, DIANE 2852 PRESTWICK DR. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, ARNOLD PO BOX 832 LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, ANDREW PO BOX 1260 LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SALUD, VIOLETA 1 WEST CENTRAL STE 103 LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, JOANN 432 E JOHNSON AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOLEY-BROWN, CATHY 4504 HICKORY CREEK LANE BRANDON, FL 33511

**DO NOT WRITE IN THIS SPACE**

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:** *Cathy Wooley-Brown* *C. Wooley* *2/5/08* *863-676-6091*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #