

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768162

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** THE VANGUARD SCHOOL OF LAKE WALES, FLORIDA, INC.

**Current Principal Place of Business:**

22000 HWY 27  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

22000 HWY 27  
LAKE WALES, FL 33859

**New Mailing Address:**

**FEI Number:** 59-2298398      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOOLEY-BROWN, CATHY  
22000 HWY 27  
LAKE WALES, FL 33859      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SENTNER, ALICIA  
Address: 22000 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: D  
Name: HAYNES, ARNOLD  
Address: 22000 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: D  
Name: OWEN, TOM  
Address: 22000 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: C  
Name: SALUD, VIOLETA  
Address: 22000 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: D  
Name: MCKENNA, JOANN  
Address: 22000 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

Title: P  
Name: WOOLEY-BROWN, CATHY  
Address: 22000 HWY 27  
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHY WOOLEY-BROWN

P

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date