

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90657 002 \*\*\*\*61.25

**DOCUMENT # 768162**

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



Principal Place of Business  
**2000 LAKE WALES FL 33853**

Mailing Address  
**2000 LAKE WALES FL 33853**

2. Principal Place of Business  
**22000 Hwy 27**

3. Mailing Address  
**22000 Hwy 27**

Suite, Apt. #, etc.

City & State  
**Lake Wales, FL**

City & State  
**Lake Wales, FL**

Zip Country Zip Country  
**33859 USA 33859 USA**

4. FEI Number **59-2298398** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**NELSON, HARRY E.  
2249 N. U.S. HWY 27  
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent  
Name **James R. Moon**  
Street Address (P.O. Box Number is Not Acceptable)  
**22000 Hwy 27**  
City **Lake Wales FL** Zip Code **33859**

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 *James R. Moon* **James R. Moon, President** **1-10-03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, CORNEAL B.(CHMN)</b> <b>PO BOX 1079</b> <b>LAKES WALES FL 33859</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NELSON, HARRY E.</b> <b>1226 TRIANGLE DR.</b> <b>LAKE WALES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, HARRY</b> <b>518 CLUTUCUSS DRIVE</b> <b>LAKE WALES FL 33853</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SALUD, VIOLETA</b> <b>1245 S. HIGHLAND PARK DRIVE</b> <b>LAKE WALES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KLINE, PATTON L</b> <b>BOX 832 MOUNTAIN LAKE</b> <b>LAKE WALES FL 33859</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOON, JAMES</b> <b>520 GREENWAY DRIVE</b> <b>LAKE WALES FL 33853</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MYERS, CORNEAL B.</b> <b>P. O. BOX 1079</b> <b>LAKE WALES, FL 33859</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELSON, HARRY E.</b> <b>518 CLUBHOUSE DRIVE</b> <b>LAKE WALES, FL 33853</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUNT, ANDREW</b> <b>P.O. BOX 1260</b> <b>LAKE WALES, FL 33859</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALUD, VIOLETA (CHMN)</b> <b>1 WEST CENTRAL, SUITE 103</b> <b>LAKE WALES, FL 33853</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKENNA, JOANN</b> <b>432 E. JOHNSON AVE.</b> <b>LAKE WALES, FL 33853</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOON, JAMES</b> <b>520 GREENWAY DRIVE</b> <b>LAKE WALES, FL 33853</b> <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)(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: *James R. Moon* **SIGNATURE SECURED** **James R. Moon, President** **1-10-03** **863-676-6091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)