

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768162

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

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC6619661601**

**Current Principal Place of Business:**

22000 HWY 27  
LAKE WALES, FL 33859

**Current Mailing Address:**

22000 HWY 27  
LAKE WALES, FL 33859

**FEI Number: 59-2298398**

**Certificate of Status Desired: No**

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

MAREADY, HAROLD  
22000 HWY 27  
LAKE WALES, FL 33859 US

*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: HAROLD MAREADY**

**01/09/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title PRESIDENT  
Name MAREADY, HAROLD  
Address THE VANGUARD SCHOOL  
22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name GODWIN, ROYCE  
Address 22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name GREEN, KYLE  
Address 22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name KAY, HOWARD  
Address 22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name LINTON, MAX  
Address 22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

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*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: HAROLD MAREADY**

**HEAD OF SCHOOL**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MURPHY, FREDERICK ESQUIRE  
Address 22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name SHELTON, LYNN  
Address 22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name BERUFF, CARLOS  
Address 2212 58TH AVENUE EAST  
City-State-Zip: BRADENTON FL 34203

Title DIRECTOR  
Name GEEHR, LILI  
Address 22 EAST NEW LENOX ROAD  
City-State-Zip: PITTSFIELD MA 01210

Title DIRECTOR  
Name ULLMAN, JUNE  
Address 1316 SOUTH HIGHLAND PARK DRIVE  
City-State-Zip: LAKE WALES FL 33898

Title CHAIRMAN  
Name PHILLIPS, PETER  
Address 22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR  
Name ANDREWS, GEORGE  
Address P.O.BOX 247  
City-State-Zip: HOBE SOUND FL 33475

Title DIRECTOR  
Name CUNNINGHAM, LORI  
Address 1156 NORTH SCENIC HWY  
City-State-Zip: LAKE WALES FL 33853

Title DIRECTOR  
Name RIVERA, ROSANA  
Address 1633 W SNOW AVE  
City-State-Zip: TAMPA FL 33606