

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 768162

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

**Current Principal Place of Business:**

22000 HWY 27  
LAKE WALES, FL 33859

**Current Mailing Address:**

22000 HWY 27  
LAKE WALES, FL 33859 US

**FEI Number: 59-2298398**

**Certificate of Status Desired: No**

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

GRAVES, SHANNON  
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: SHANNON GRAVES**

**06/08/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           STORY, VICTOR  
Address        22000 HWY 27  
City-State-Zip: LAKE WALES FL 33859

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

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

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

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

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

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

Title           DIRECTOR  
Name           CRAIG, SUSAN  
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: SHANNON GRAVES**

**PRESIDENT**

**06/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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