

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000008637

Entity Name: VANGUARD HIGH SCHOOL BOOSTERS, INC.**Current Principal Place of Business:**7 NW 28 STREET
OCALA, FL 34475**Current Mailing Address:**2347 SE 17 STREET
OCALA, FL 34471**FEI Number:** 82-2363780**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITSTON, HEATHER J
2347 SE 17 STREET
OCALA, FL 34471 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	CANNON, ELIZABETH
Address	1407 SE 5 STREET
City-State-Zip:	OCALA FL 34471

Title	VPD
Name	FUQUA, LARRY
Address	1751 NW 33 AVENUE
City-State-Zip:	OCALA FL 34475

Title	TD
Name	GRAY, MERYDITH
Address	42 BAHIA PASS
City-State-Zip:	OCALA FL 34472

Title	D
Name	FARMER, EDWIN
Address	7 NW 28 STREET
City-State-Zip:	OCALA FL 34475

Title	SD
Name	LAMMENS, KATHY
Address	4816 SE 10TH PLACE
City-State-Zip:	OCALA FL 34471

Title	D
Name	GREINER, JAMIE
Address	5124 SE 39TH LOOP
City-State-Zip:	OCALA FL 34480

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: MERYDITH GRAY**TREASURER****03/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date