

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 017 ****61.25

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|--|--|---|--|---|--|
| DOCUMENT # N98000005002 1. Entity Name THE VANGUARD SCHOOL FOUNDATION, INC. | | | | | |
| Principal Place of Business 22000 HWY 27 LAKE WALES, FL 33859 US | | | Mailing Address 22000 HWY 27 LAKE WALES, FL 33859 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3542447 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MOON, JAMES R 22000 HWY 27 LAKE WALES, FL 33859 | | | | 7. Name and Address of New Registered Agent Name <u>Wooley-Brown, Cathy</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code | |
| 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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | <u>Cathy Wooley-Brown, President 1/9/07</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C MCPHERSON, CHARLES SUNTRUST BANK, P.O BOX 1380 WINTER HAVEN, FL 33882 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Wooley-Brown, Cathy 4504 Hickory Creek Lane Brandon, FL 33511 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAYNES, ARNOLD P.O. BOX 832 LAKE WALES, FL 33859 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PECK, MARILY VANLEER 5390 WOODLAND ALAKES DR. #206 PALM BEACH GARDENS, FL 33418 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALUD, VIOLETA 1 WEST CENTRAL AVE, SUITE 103 LAKE WALES, FL 33853 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NELSON, HARRY E 518 CLUBHOUSE DRIVE LAKE WALES, FL 33853 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOON, JAMES R 9940 47 AVE N #C-305 SAINT PETERSBURG, FL 33708 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Cathy Wooley-Brown, Pres. 1/8/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |