


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90031 033 ****61.25

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		02042008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3542447	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOOLEY-BROWN, CATHY 22000 HWY 27 LAKE WALES, FL 33859				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	C McPherson, Charles 309 Quails Run Pass Winter Haven, FL 33884	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOOLEY-BROWN, CATHY 4504 HICKORY CREEK LN. BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<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"/> Delete			<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	D Stewart, John FH SAA, 1801 N.W. 80th Blvd. Gainesville, FL 32606	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myers, C.B. P.O. Box 1079 Lake Wales, FL 33859	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" 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: Cathy Wooley-Brown <i>CW</i> 2/5/08 863-676-6091 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					