

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005002

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** THE VANGUARD SCHOOL FOUNDATION, INC.

**Current Principal Place of Business:**

22000 HWY 27  
LAKE WALES, FL 33859 US

**New Principal Place of Business:**

**Current Mailing Address:**

22000 HWY 27  
LAKE WALES, FL 33859 US

**New Mailing Address:**

**FEI Number:** 59-3542447      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

WOOLEY-BROWN, CATHY  
22000 HWY 27  
LAKE WALES, FL 33859 US

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

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

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: MCPHERSON, CHARLES  
Address: 309 QUAILSRUN PASS  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: HAYNES, ARNOLD  
Address: P.O. BOX 832  
City-St-Zip: LAKE WALES, FL 33859

Title: P ( ) Delete  
Name: WOOLEY-BROWN, CATHY  
Address: 4504 HICKORY CREEK LN.  
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete  
Name: STEWART, JOHN  
Address: FHSAA, 1801 NW 80TH BLVD  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: NELSON, HARRY E  
Address: 518 CLUBHOUSE DRIVE  
City-St-Zip: LAKE WALES, FL 33853

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SALUD, VIOLETA  
Address: 1 WEST CENTRAL SUITE 103  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Change (X) Addition  
Name: MYERS, C. B  
Address: P. O. BOX 1079  
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CATHY WOOLEY-BROWN

P

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date