

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006465

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** TREASURE COAST VICTORY CENTER, INC.

**Current Principal Place of Business:**

3212 S US HWY 1  
STES 2-6  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2335  
STUART, FL 349952335

**New Mailing Address:**

**FEI Number:** 65-1048919

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, JEFFREY F  
1950 SW CRANE CREEK AVE  
PALM CITY, FL 34990 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: DP ( ) Delete  
Name: KEHRES, THOMAS  
Address: 501 NW CORNELL AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: DV ( ) Delete  
Name: KEHRES, REBECCA  
Address: 501 NW CORNELL AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: DST ( ) Delete  
Name: LAZARIDES, MARY S  
Address: 183 SE EASY ST  
City-St-Zip: STUART, FL 34994

Title: D ( ) Delete  
Name: CORDERO, WILFREDO  
Address: 2119 SE LUCCA STREET  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete  
Name: THOMAS, JEFFREY F  
Address: 1950 SW CRANE CREEK AVE  
City-St-Zip: PALM CITY, FL 34990

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

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: MARY S. LAZARIDES

DST

04/30/2009

Electronic Signature of Signing Officer or Director

Date