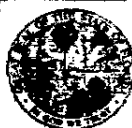


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007901	
1. Entity Name VICTORY FORGE MILITARY ACADEMY, INC.	

Principal Place of Business 638 SW BILTMORE ST PORT ST LUCIE, FL 34983	Mailing Address 638 SW BILTMORE ST PORT ST LUCIE, FL 34983
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (11/05)

4. FEI Number 56-2476466	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WEIERMAN, ALAN L
1800 SW CAMEO BLVD
PORT SAINT LUCIE, FL 34953

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE PD	NAME WEIERMAN, ALAN L
STREET ADDRESS % 638 SW BILTMORE ST	CITY-ST-ZIP PORT ST LUCIE, FL 34983
TITLE STD	NAME WEIERMAN, MOLLY B
STREET ADDRESS % 638 SW BILTMORE ST	CITY-ST-ZIP PORT ST LUCIE, FL 34983
TITLE D	NAME GALLO, FRED J
STREET ADDRESS % 638 SW BILTMORE ST	CITY-ST-ZIP PORT ST LUCIE, FL 34983
TITLE D	NAME ROBERTS, MICHAEL
STREET ADDRESS % 638 SW BILTMORE ST	CITY-ST-ZIP PORT ST LUCIE, FL 34983
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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04/19/06-80033-023 61.25

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IN THIS SPACE**

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: *Molly L. Weierman* *Molly Weierman* 1/10/06 772-8779-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #