

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
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**



03102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2476466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000961255
04/03/08-80001-024 61.25

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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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 Weierman

Molly Weierman, Sec/Treas 3/12/08

772-879-7181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #