2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39355

FILED Apr 27, 2004 Secretary of State

Entity Name: TREASURE COAST VICTORY CHILDREN'S HOME, INC.

Current Principal Place of Business: New Principal Place of Business: 11725 FORTY CORNERS MASSILLON, OH 44647 US **Current Mailing Address: New Mailing Address:** 602 SW BILTMORE ST PORT ST. LUCIE, FL 34983 US FEI Number: 34-1682357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEIERMAN, ALAN WEIERMAN, ALAN L PRES 1800 S.W. CAMEO BLVD. 1800 S.W. CAMEO BLVD. US PORT ST. LUCIE, FL 34953 US PORT ST. LUCIE, FL 34953 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: ALAN L WEIERMAN 04/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WEIERMAN, ALAN WEIERMAN, ALAN Name: Name: 602 SW BILTMORE STREET Address: 602 SW BILTMORE STREET Address: City-St-Zip: PORT ST LUCIE, FL City-St-Zip: PORT ST LUCIE, FL 34953 Title: () Delete Title: () Change () Addition Name: WEIERMAN, MOLLY, Name: Address: 1800 SW CAMEO BLVD. Address: City-St-Zip: PT. ST. LUCIE, FL 34953 US City-St-Zip: Title: () Delete Title: () Change () Addition KENDALL, RICK Name: Name: 709 SW NICHOLS TERR Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition Name: VAUGHAN, RALPH Name: 12900-175 RD NO. Address: Address: City-St-Zip: JUPITER, FL 33478 City-St-Zip: Title: () Delete Title: () Change () Addition DESMOND, CLIF Name: Name: 1111 NORTH 7TH STREET Address: Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: Title: () Delete Title: () Change () Addition BERGER, JACK Name: Name: Address: 8544 MARLBERRY COURT Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: MOLLY WEIERMAN ST 04/27/2004

PORT SAINT LUCIE, FL 34952

City-St-Zip: