

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90318 033 ****61.25

DOCUMENT # P39355

1. Entity Name

TREASURE COAST VICTORY CHILDREN'S HOME, INC.



Principal Place of Business

11725 FORTY CORNERS
MASSILLON OH 44647.
US

Mailing Address

602 SW BILTMORE ST.
PORT ST. LUCIE FL 34983
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

34-1682357

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 PRES
1800 S.W. CAMEO BLVD.
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEIERMAN, ALAN	
STREET ADDRESS	602 SW BILTMORE STREET	
CITY - ST - ZIP	PORT ST LUCIE FL 34953	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEIERMAN, MOLLY	
STREET ADDRESS	1800 SW CAMEO BLVD.	
CITY - ST - ZIP	PT. ST. LUCIE FL 34953	
TITLE	C	<input type="checkbox"/> Delete
NAME	KENDALL, RICK	
STREET ADDRESS	709 SW NICHOLS TERR	
CITY - ST - ZIP	PORT ST. LUCIE FL 34953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VAUGHAN, RALPH	
STREET ADDRESS	12900-175 RD NO.	
CITY - ST - ZIP	JUPITER FL 33478	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESMOND, CLIF	
STREET ADDRESS	1111 NORTH 7TH STREET	
CITY - ST - ZIP	FORT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGER, JACK	
STREET ADDRESS	8544 MARLBERRY COURT	
CITY - ST - ZIP	PORT SAINT LUCIE FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Jean Beurrier
STREET ADDRESS	3955 Cinnamon Cir
CITY - ST - ZIP	Jensen Beach FL 34957
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Fred Gallo
STREET ADDRESS	2261 Susset Ln SW
CITY - ST - ZIP	Port St Lucie FL 34953
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Alan L Weierman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05
Date

772-879-7181
Daytime Phone #