

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90355 020 ****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

01102006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**WEIERMAN, ALAN L PRES
1800 S.W. CAMEO BLVD.
PORT ST. LUCIE, FL 34953**

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

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

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** ☐ Delete
NAME **WEIERMAN, ALAN**
STREET ADDRESS **602 SW BILTMORE STREET**
CITY-ST-ZIP **PORT ST LUCIE, FL 34953**

TITLE **ST** ☐ Delete
NAME **WEIERMAN, MOLLY**
STREET ADDRESS **1800 SW CAMEO BLVD.**
CITY-ST-ZIP **PT. ST. LUCIE, FL 34953**

TITLE **C** ☐ Delete
NAME **KENDALL, RICK**
STREET ADDRESS **709 SW NICHOLS TERR**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

TITLE **D** ☐ Delete
NAME **BEURRIER, JEAN**
STREET ADDRESS **3955 CINNAMON CIRCLE**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **D** ☐ Delete
NAME **GALLO, FRED**
STREET ADDRESS **2261 SUSSET LANE SW**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE **D** ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **D Gallo, Fred**
STREET ADDRESS **461 SW Bayshore Blvd**
CITY-ST-ZIP **Port St Lucie FL 34983**

TITLE ☐ Change ☒ Addition
NAME **C Michael Roberts**
STREET ADDRESS **1510 SE 5th Street**
CITY-ST-ZIP **Stuart FL 34994**

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

1/10/06 772-879-7181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #