

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

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90016 022 \*\*\*\*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 - No P.O. Box #**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**

**Zip**      **Country**

40030000



03102008 Chg-NP CR2E037 (12/06)

**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

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

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	P	<input type="checkbox"/> Delete
<b>NAME</b>	WEIERMAN, ALAN	
<b>STREET ADDRESS</b>	602 SW BILTMORE STREET	
<b>CITY-ST-ZIP</b>	PORT ST LUCIE, FL 34953	
<b>TITLE</b>	ST	<input type="checkbox"/> Delete
<b>NAME</b>	WEIERMAN, MOLLY	
<b>STREET ADDRESS</b>	1800 SW CAMEO BLVD.	
<b>CITY-ST-ZIP</b>	PT. ST. LUCIE, FL 34953	
<b>TITLE</b>	D	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	KENDALL, RICK	
<b>STREET ADDRESS</b>	709 SW NICHOLS TERR	
<b>CITY-ST-ZIP</b>	PORT ST. LUCIE, FL 34953	
<b>TITLE</b>	C	<input type="checkbox"/> Delete
<b>NAME</b>	ROBERTS, MICHAEL	
<b>STREET ADDRESS</b>	1510 SE 5TH STREET	
<b>CITY-ST-ZIP</b>	STUART, FL 34994	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	GALLO, FRED	
<b>STREET ADDRESS</b>	461 SW BAYSHORE BLVD	
<b>CITY-ST-ZIP</b>	PORT SAINT LUCIE, FL 34983	
<b>TITLE</b>	D	<input type="checkbox"/> Delete
<b>NAME</b>	BERGER, JACK	
<b>STREET ADDRESS</b>	8544 MARLBERRY COURT	
<b>CITY-ST-ZIP</b>	PORT SAINT LUCIE, FL 34952	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Patrick LEISNER	
<b>STREET ADDRESS</b>	1842 N Blackwell Dr	
<b>CITY-ST-ZIP</b>	Port St Lucie FL 34952	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 #