

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39355

FILED
Apr 13, 2009
Secretary of State

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

Current Principal Place of Business:

11725 FORTY CORNERS
MASSILLON, OH 44647 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 34-1682357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEIERMAN, ALAN
Address: 602 SW BILTMORE STREET
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ST () Delete
Name: WEIERMAN, MOLLY
Address: 1800 SW CAMEO BLVD.
City-St-Zip: PT. ST. LUCIE, FL 34953 US

Title: D () Delete
Name: LEISNER, PATRICK
Address: 1842 N. BLACKWELL DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: C () Delete
Name: ROBERTS, MICHAEL
Address: 1510 SE 5TH STREET
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: GALLO, FRED
Address: 461 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: BERGER, JACK
Address: 8544 MARLBERRY COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: WEIERMAN, MOLLY B
Address: 1800 SW CAMEO BLVD.
City-St-Zip: PT. ST. LUCIE, FL 34953 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GALLO, FRED
Address: 2755 SE CARROLL ST
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MOLLY WEIERMAN

SEC

04/13/2009

Electronic Signature of Signing Officer or Director

Date