

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

STATE OF FLORIDA, DEPARTMENT
OF CHILDREN AND FAMILY SERVICES,

Petitioner,

Case No. 562009CA009604

ALAN L. WEIERMAN, individually and
VICTORY FORGE MILITARY ACADEMY, INC.,
a Florida Corporation,
SOUTHEASTERN MILITARY ACADEMY, INC.,
a Florida Corporation, and
TREASURE COAST VICTORY CHILDREN'S
HOME, INC., a Florida Corporation d/b/a
VICTORY FORGE MILITARY ACADEMY, and
d/b/a VICTORY FORGE MILITARY ACADEMY
AND BOOT CAMP,

Respondents.

SECOND AMENDED PETITION FOR PERMANENT INJUNCTION
PURSUANT TO SECTION 409.175 FLORIDA STATUTES

COMES NOW, the STATE OF FLORIDA, DEPARTMENT OF
CHILDREN AND FAMILIES, Petitioner, by and through its authorized counsel,
pursuant to Sections 409.175(2)(b), (10)(a) and (11)(a), Florida Statutes, and seeks a
permanent injunction enjoining the operation of the above-named unlicensed facility from
providing residential group care without a license, and as grounds therefore, states as
follows:

1. This is an action for permanent injunction.
2. The Petitioner, the DEPARTMENT OF CHILDREN AND FAMILY
SERVICES, is an agency of the STATE OF FLORIDA, and is the licensing authority
for residential group care homes for children in St. Lucie County, Florida.

CLERK OF CIRCUIT COURT
JAN 21 2010 11:50

3. Since at least 2004 **ALAN L. WEIERMAN** has been operating **VICTORY FORGE MILITARY ACADEMY, INC. (d/b/a VICTORY FORGE MILITARY ACADEMY)**, as a "boarding school" as defined in section 409.175(2)(b), Florida Statutes, located at 638 SW Biltmore Street, Port St. Lucie, St. Lucie County, Florida 34983. **VICTORY FORGE MILITARY ACADEMY'S** Articles of Incorporation from 2004 and its Annual Reports from 2005 through 2009 that were filed with the Secretary of State are attached hereto as Department's Composite Exhibit A.

4. **VICTORY FORGE MILITARY ACADEMY** has also registered as a private/boarding school with the Florida Department of Education as required by section 409.175(2)(b), Florida Statutes, for approximately the same period of time. The Annual Surveys **VICTORY FORGE MILITARY ACADEMY** filed with the Florida Department of Education for school years 2006-2007, 2007-2008 and 2008-2009 are attached hereto as Department's Composite Exhibit B.

5. In 2006 House Bill No. 7173 amended (see underlined portions) section 409.175(2)(b), Florida Statutes, to read as follows:

"Boarding school" means a school which is accredited by the Florida Council of Independent Schools or the Southern Association of Colleges and Schools; which is accredited by the Council on Accreditation, the Commission on Accreditation of Rehabilitation Facilities, or the Coalition for Residential Education; and which is registered with the Department of Education as a school. ~~Its program must~~ follow established school schedules, with holiday breaks and summer recesses in accordance with other public and private school programs. The children in residence must customarily return to their family homes or legal guardians during

school breaks and must not be in residence year-round, except that this provision does not apply to foreign students. The parents of these children retain custody and planning and financial responsibility. A boarding school currently in existence and a boarding school opening and seeking accreditation have 3 years to comply with the requirements of this paragraph. A boarding school must provide proof of accreditation or documentation of the accreditation process upon request. A boarding school that cannot produce the required documentation or that has not registered with the Department of Education shall be considered to be providing residential group care without a license. The department may impose administrative sanctions or seek civil remedies as provided under paragraph (11) (a).

See Chapter 2006-194, Laws of Florida. House Bill No. 7173 became law on July 1, 2006.

6. Pursuant to the change in the law the Respondents, **ALAN L. WEIERMAN and VICTORY FORGE MILITARY ACADEMY, INC.**, were given 3 years by the legislature to become properly accredited as set forth in section 409.175(2)(b), Florida Statutes (2006).

7. On June 12, 2009, the **DEPARTMENT OF CHILDREN AND FAMILIES** received an abuse report number 2009-098119, alleging abuse and/or neglect of children residing at **VICTORY FORGE MILITARY ACADEMY**.

8. On July 19, 2009, Child Protective Investigator, Ann Hailey, as a part of her investigation of the allegations set forth in abuse report number 2009-098119, asked

ALAN L. WEIERMAN, the owner, operator, principal director, and registered agent of the facility known as **VICTORY FORGE MILITARY ACADEMY, INC.**, whether the facility was accredited as required by section 409.175(2)(b), Florida Statutes.

WEIERMAN responded that he had applied for accreditation with the Florida Counsel of Independent Schools. He did not provide any documentation to support his claim. See affidavit attached hereto and incorporated by reference herein, marked as Department's Exhibit C.

9. On August 5, 2009, the **DEPARTMENT OF CHILDREN AND FAMILIES** received a letter dated August 3, 2009, from the Florida Council of Independent Schools stating that **VICTORY FORGE MILITARY ACADEMY, INC.** is not accredited by the council. Said letter is attached hereto and incorporated by reference herein, marked as Department's Exhibit D.

10. The **DEPARTMENT OF CHILDREN AND FAMILIES** has also confirmed with the Southern Association of Colleges and Schools, the Council on Accreditation, the Council on Accreditation of Rehabilitation Facilities, and the Coalition for Residential Education that **VICTORY FORGE MILITARY ACADEMY, INC.**, is not accredited with or by any of those agencies. See four letters attached hereto and incorporated by reference herein, marked as Department's Composite Exhibit E.

11. On October 29, 2009, the Department sent a letter inquiring as to the current status of the accreditation for **VICTORY FORGE MILITARY ACADEMY, INC.** ALAN L. WEIERMAN'S letters of response dated November 3, 2009, are attached hereto and incorporated by reference herein, marked as Department's Composite Exhibit F.

12. As demonstrated in Exhibit's C through F attached hereto, **VICTORY FORGE MILITARY ACADEMY, INC.**, is not accredited as required by section 409.175(2)(b), Florida Statutes (2006). Therefore, the facility no longer meets the definition of a "boarding school" as defined by the legislature.

13. Likewise, the Respondents do not have a license to provide residential group care to children as required by section 409.175, Florida Statutes. The operation of a child residential group care facility without a license is prohibited pursuant to section 409.175(2)(b), Florida Statutes.

14. The Petitioner, **DEPARTMENT OF CHILDREN AND FAMILIES**, is now therefore authorized, pursuant to Section 409.175, Florida Statutes, to seek injunctive relief against **ALAN L. WEIERMAN and VICTORY FORGE MILITARY ACADEMY, INC.**, having no accreditation, and therefore, being a residential group care facility being operated without a license in the State of Florida in violation of Chapter 409 Florida Statutes.

15. That immediate, irreparable injury or harm may result to the children in the care of the Respondent if injunctive relief is not granted. However, where a governmental agency seeks an injunction to enforce its police power, any alternative legal remedy is ignored and irreparable harm is presumed. See *Metropolitan Dade County v. O'Brien*, 660 So.2d 364 (Fla. 3rd DCA 1995).

16. The **DEPARTMENT** has received and investigated nine abuse reports against **VICTORY FORGE MILITARY ACADEMY, INC.** and its staff since July 2006, when section 409.175(2)(b), Florida Statutes, was amended to provide this civil remedy to the **DEPARTMENT**. Some of these investigations were made public and

were the subject of a public records suit in 2008, PALM BEACH NEWSPAPERS, INC, d/b/a *The Palm Beach Post*, SCRIPPS TREASURE COAST PUBLISHING CO., d/b/a *Scripps Treasure Coast Newspapers*, and FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES, Petitioners, Case No. 2008-CA-004899, St. Lucie County Circuit Court. A copy of the redacted report released in that case is attached hereto as Exhibit G. The **DEPARTMENT** remains concerned about the treatment of children in this unlicensed facility, and the potential for irreparable injury or harm to children residing therein.

17. On December 10, 2009, the **DEPARTMENT OF CHILDREN AND FAMILIES** learned from the Department of Education that on November 17, 2009, **ALAN L. WEIERMAN** filed a new survey for a newly established military school, to wit: **SOUTHEASTERN MILITARY ACADEMY**. **ALAN L. WEIERMAN** is listed as the Owner and Principal of this school with “residence facilities”, and the physical address is the same as that of **VICTORY FORGE MILITARY ACADEMY, INC**. Said copy of this survey is attached hereto, and incorporated by reference herein, as Department’s Exhibit H.

18. Also on November 17, 2009, **ALAN L. WEIERMAN** filed Articles of Incorporation with the Florida Department of State, Division of Corporations, for a new Florida not-for-profit corporation, to be effective January 1, 2010, to wit: **SOUTHEASTERN MILITARY ACADEMY, INC**. **ALAN L. WEIERMAN** is listed as the President and Registered Agent for this corporate entity, and the physical address is the same as that of **VICTORY FORGE MILITARY ACADEMY, INC**. Said copy of

these Articles of Incorporation are attached hereto, and incorporated by reference herein, as Department's Exhibit I.

19. **ALAN L. WEIERMAN's** actions in creating a new boarding school and corporate entity at the same physical location as the existing boarding school is evidence of his intent to circumvent and subvert the requirements of section 409.175(2)(b), Florida Statutes.

20. On or about December 29, 2009, **ALAN L. WEIERMAN**, individually, and in his official capacity as president of Victory Forge Military Academy, Inc., and Southeastern Military Academy, Inc. filed an Answer of Respondents to Amended Petition for Permanent Injunction Pursuant to 409.175 Florida Statutes and Counter Petition for Denial of Permanent Injunction.

21. In paragraph three of the Answer **ALAN L. WEIERMAN** affirmatively states that "Treasure Coast Victory Children's Home, Inc. d/b/a Victory Forge Military Academy has been the official organization that was responsible for the operation" of Victory Forge Military Academy from 2004 to the present. The fictitious name filed with the Florida Department of State, Division of Corporations is: **VICTORY FORGE MILITARY ACADEMY AND BOOT CAMP.**

22. No bond should be required for the issuance of the permanent injunction because the injunction is requested solely to prevent injury or abuse to a natural person, specifically minor children. Furthermore, Petitioner is an agent of the State, and the public interest will be served by this action.

23. The Petitioner, **DEPARTMENT OF CHILDREN AND FAMILIES**, has incurred reasonable attorney's fees and costs to bring this action.

WHEREFORE Petitioner, DEPARTMENT OF CHILDREN AND FAMILIES, prays that this court will permanently enjoin the Respondents, ALAN L. WEIERMAN, VICTORY FORGE MILITARY ACADEMY, INC., SOUTHEASTERN MILITARY ACADEMY, INC., and TREASURE COAST VICTORY CHILDREN'S HOME, INC., d/b/a VICTORY FORGE MILITARY ACADEMY and d/b/a VICTORY FORGE MILITARY ACADEMY AND BOOT CAMP from operating a residential group care facility for children at 638 SW Biltmore Street, Port St. Lucie, Florida 34983, or at any other location, without a license, or until such time as ALAN L. WEIERMAN, VICTORY FORGE MILITARY ACADEMY, INC., SOUTHEASTERN MILITARY ACADEMY, INC. and/or TREASURE COAST MILITARY ACADEMY, INC., d/b/a VICTORY FORGE MILITARY ACADEMY and d/b/a VICTORY FORGE MILITARY ACADEMY AND BOOT CAMP become accredited as required by law, grant the Petitioner's authorized agents absolute access to the Respondent's facility for the purpose of enforcing compliance with the minimum residential group care licensing standards promulgated pursuant to Florida Statutes, and grant such other and further relief as the court may deem necessary and proper, including attorney's fees and costs.



LAUREL HOPPER
Asst. Regional Counsel
Department of Children and Families
337 No. US Hwy. 1 – Ste. A
Fort Pierce, FL 34950
(772) 467-4141
Fax No.: (772) 467-4170
Fl Bar: 316504

No40000007901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

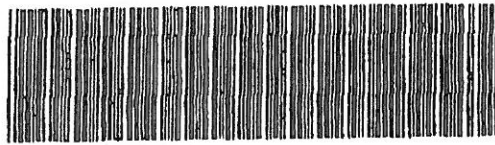
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

04 AUG 11 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 AUG 11 AM 9:43
STATE
TALLAHASSEE, FLORIDA



8-11-04

SPEIGEL & UTRERA, P.A.

(Requestor's Name)

1840 SOUTHWEST 22 STREET, 4TH FLOOR

MIAMI, FL 33145 - (305) 854-6000

FILED

04 AUG 11 PM 2:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. **VICTORY FORGE MILITARY ACADEMY, INC.**
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk-In ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
x	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

ARTICLES OF INCORPORATION

OF

VICTORY FORGE MILITARY ACADEMY, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a non profit Corporation under Chapter 617 of the Florida Statutes.

ARTICLE 1 - NAME

The name of the Corporation is VICTORY FORGE MILITARY ACADEMY, INC., (hereinafter "Corporation").

ARTICLE 2 - PURPOSE OF CORPORATION

The Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE 3 - PROHIBITIONS

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Second hereof. No substantial part of the activities of the Corporation shall be carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a Corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a Corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.



SPIEGEL & UTRERA, P.A.

LAWYERS

www.amerilawyer.com

1840 CORAL WAY, 4TH FLOOR, MIAMI, FL 33145 - (305) 854-6000 - (800) 603-3900 - FACSIMILE (305) 857-3700
MAILING ADDRESS - POST OFFICE BOX 450605, MIAMI, FL 33245-0605

ARTICLE 4 - OFFICERS

The Directors shall be elected by a majority vote of the Members of this Corporation. The officers of the Corporation shall be:

President:	Alan L. Weierman
Secretary:	Molly B. Weierman
Treasurer:	Molly B. Weierman

ARTICLE 5 - PRINCIPAL OFFICE

The address of the principal office of this Corporation is 638 Southwest Biltmore Street, Port St. Lucie, Florida 34983 and the mailing address is the same.

ARTICLE 6 - INCORPORATOR

The name and street address of the incorporator of this Corporation is:

Elsie Sanchez
1840 Southwest 22 Street, 4th Floor
Miami, Florida 33145

ARTICLE 7 - DIRECTORS

The Directors of the Corporation shall be:

Alan L. Weierman
Molly B. Weierman
Fred J. Gallo
Michael Roberts
Travis Plummer

ARTICLE 8 - TERM OF EXISTENCE

This Corporation shall have perpetual existence.

ARTICLE 9 - CAPITAL STOCK

This Corporation shall have no capital stock and shall be composed of members rather than shareholders.



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ARTICLE 10 - QUALIFICATIONS OF MEMBERSHIP

The categories of membership, qualifications for membership and the manner of admission shall be as set forth in and regulated by the By Laws of the Corporation.

ARTICLE 11 - VOTING RIGHTS

Members of the Corporation will have such voting rights as are provided in the By Laws of the Corporation.

ARTICLE 12 - LIABILITIES FOR DEBTS

Neither the members nor the members of the Board of Directors or officers of the Corporation shall be liable for the debts of the Corporation.

ARTICLE 13 - REGISTERED OFFICE AND REGISTERED AGENT

The initial address of registered office of this Corporation is Spiegel & Utrera, P.A., located at 1840 Southwest 22 Street, 4th Floor, Miami, Florida 33145. The name and address of the registered agent of this Corporation is Spiegel & Utrera, P.A., 1840 Southwest 22 Street, 4th Floor, Miami, Florida 33145.

ARTICLE 14 - EFFECTIVE DATE

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of State, State of Florida.

ARTICLE 15 - AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Members, and approved at a Members meeting by a majority of the Members, unless all the Directors and all the Members sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.



SPIEGEL & UTRERA, P.A.

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MAILING ADDRESS - POST OFFICE BOX 450605, MIAMI, FL 33245-0605

ARTICLE 16 - INDEMNIFICATION

The Corporation shall indemnify a director or officer of the Corporation who was wholly successful, on the merits or otherwise, in the defense of any proceeding to which the director or officer was a party because the director or officer is or was a director or officer of the Corporation against reasonable attorney fees and expenses incurred by the director or officer in connection with the proceeding. The Corporation may indemnify an individual made a party to a proceeding because the individual is or was a director, officer, employee or agent of the Corporation against liability if authorized in the specific case after determination, in the manner required by the board of directors, that indemnification of the director, officer, employee or agent, as the case may be, is permissible in the circumstances because the director, officer, employee or agent has met the standard of conduct set forth by the board of directors. The indemnification and advancement of attorney fees and expenses for directors, officers, employees and agents of the Corporation shall apply when such persons are serving at the Corporation's request while a director, officer, employee or agent of the Corporation, as the case may be, as a director, officer, partner, trustee, employee or agent of another foreign or domestic Corporation, partnership, joint venture, trust, employee benefit plan or other enterprise, whether or not for profit, as well as in their official capacity with the Corporation. The Corporation also may pay for or reimburse the reasonable attorney fees and expenses incurred by a director, officer, employee or agent of the Corporation who is a party to a proceeding in advance of final disposition of the proceeding. The Corporation also may purchase and maintain insurance on behalf of an individual arising from the individual's status as a director, officer, employee or agent of the Corporation, whether or not the Corporation would have power to indemnify the individual against the same liability under the law. All references in these Articles of Incorporation are deemed to include any amendment or successor thereto. Nothing contained in these Articles of Incorporation shall limit or preclude the exercise of any right relating to indemnification or advance of attorney fees and expenses to any person who is or was a director, officer, employee or agent of the Corporation or the ability of the Corporation otherwise to indemnify or advance expenses to any such person by contract or in any other manner. If any word, clause or sentence of the foregoing provisions regarding indemnification or advancement of the attorney fees or expenses shall be held invalid as contrary to law or public policy, it shall be severable and the provisions remaining shall not be otherwise affected. All references in these Articles of Incorporation to "director", "officer", "employee" and "agent" shall include the heirs, estates, executors, administrators and personal representatives of such persons.



SPIEGEL & UTRERA, P.A.

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MAILING ADDRESS - POST OFFICE BOX 450605, MIAMI, FL 33245-0605

ARTICLE 17 - DISSOLUTION

Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for public purpose. Any such assets not so disposed of shall be disposed of by Court of Competent Jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.




SPIEGEL & UTRERA, P.A.

LAWYERS

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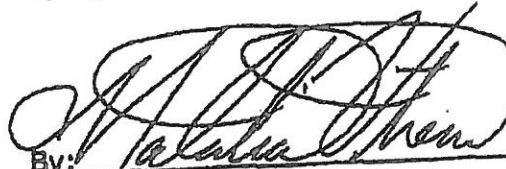
IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged
and filed the foregoing Articles of Incorporation under the laws of the State of Florida,
this _____.


Elsie Sanchez, Incorporator

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION**

Spiegel & Utrera, P.A., having a business office identical with the registered
office of the Corporation name above, and having been designated as the Registered
Agent in the above and foregoing Articles of Incorporation, is familiar with and accepts
the obligations of the position of Registered Agent under the applicable provisions of
the Florida Statutes.

Spiegel & Utrera, P.A.


By: _____
Natalia Utrera, Vice President

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06 AUG 11 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SPIEGEL & UTRERA, P.A.

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

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90128 018 ****61.25

DOCUMENT # N04000007901

1. Entity Name

VICTORY FORGE MILITARY ACADEMY, INC.



Principal Place of Business

**638 SW BILTMORE ST
PORT ST LUCIE FL 34983**

Mailing Address

**638 SW BILTMORE ST
PORT ST LUCIE FL 34983**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

City & State

4. FEI Number

56-2476466

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name

ALAN L. WEIERMAN

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

1800 SW Cameo Blvd

City

Port St Lucie

FL

Zip Code

34953

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 reappointing)

4/20/05
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	PD	<input type="checkbox"/> Delete
NAME	WEIERMAN, ALAN L	
STREET ADDRESS	% 638 SW BILTMORE ST	
CITY-STATE-ZIP	PORT ST LUCIE FL 34983	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEIERMAN, MOLLY B	
STREET ADDRESS	% 638 SW BILTMORE ST	
CITY-STATE-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLO, FRED J	
STREET ADDRESS	% 638 SW BILTMORE ST	
CITY-STATE-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, MICHAEL	
STREET ADDRESS	% 638 SW BILTMORE ST	
CITY-STATE-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLUMMER, TRAVIS	
STREET ADDRESS	% 638 SW BILTMORE ST	
CITY-STATE-ZIP	PORT ST LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05
Date

772-879-7181
Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007901

1. Entity Name
VICTORY FORGE MILITARY ACADEMY, INC.



Principal Place of Business
638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

Mailing Address
638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
66-2476466

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
1800 SW CAMEO BLVD
PORT SAINT LUCIE, FL 34953

DO NOT WRITE
IN THIS SPACE

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 registering)

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEIERMAN, ALAN L
STREET ADDRESS % 638 SW BILTMORE ST
CITY-STATE-ZIP PORT ST LUCIE, FL 34983

TITLE STD
NAME WEIERMAN, MOLLY B
STREET ADDRESS % 638 SW BILTMORE ST
CITY-STATE-ZIP PORT ST LUCIE, FL 34983

TITLE D
NAME GALLO, FRED J
STREET ADDRESS % 638 SW BILTMORE ST
CITY-STATE-ZIP PORT ST LUCIE, FL 34983

TITLE D
NAME ROBERTS, MICHAEL
STREET ADDRESS % 638 SW BILTMORE ST
CITY-STATE-ZIP PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000491746
04/19/06-80033-023 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 L. Weierman

Molly Weierman

1/10/06

772-879-7181

Signature and typed or printed name of signing officer or director

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007901

1. Entity Name
VICTORY FORGE MILITARY ACADEMY, INC.



Principal Place of Business
**638 SW BILTMORE ST
PORT ST LUCIE, FL 34983**

Mailing Address
**638 SW BILTMORE ST
PORT ST LUCIE, FL 34983**



03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
56-2476466

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEIERMAN, ALAN L
1800 SW CAMEO BLVD
PORT SAINT LUCIE, FL 34953**

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEIERMAN, ALAN L
STREET ADDRESS % 638 SW BILTMORE ST
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE STD
NAME WEIERMAN, MOLLY B
STREET ADDRESS % 638 SW BILTMORE ST
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE D
NAME GALLO, FRED J
STREET ADDRESS % 638 SW BILTMORE ST
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE D
NAME ROBERTS, MICHAEL
STREET ADDRESS % 638 SW BILTMORE ST
CITY-ST-ZIP PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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SIGNATURE:

Molly Weierman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 772-279-7181
Date Daytime Phone

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N04000007901

1. Entity Name
VICTORY FORGE MILITARY ACADEMY, INC.



Principal Place of Business
638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

Mailing Address
638 SW BILTMORE ST
PORT ST LUCIE, FL 34983



03102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2476466
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
1800 SW CAMEO BLVD
PORT SAINT LUCIE, FL 34953

DO NOT WRITE
IN THIS SPACE

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 transferring)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

04/03/08-80001-024 61.25

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
WEIERMAN, ALAN L
% 638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STD
WEIERMAN, MOLLY B
% 638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
GALLO, FRED J
% 638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
ROBERTS, MICHAEL
% 638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Molly Weierman, Sec/Treas 3/12/08 772-898-7181

DOCUMENT# NO4000007901

Entity Name: VICTORY FORGE MILITARY ACADEMY, INC.

Current Principal Place of Business:

638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

638 SW BILTMORE ST
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 56-2476466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIERMAN, ALAN L
1800 SW CAMEO BLVD
PORT SAINT 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: PD () Delete
Name: WEIERMAN, ALAN L
Address: % 638 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: STD () Delete
Name: WEIERMAN, MOLLY B
Address: % 638 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: GALLO, FRED J
Address: % 638 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: ROBERTS, MICHAEL
Address: % 638 SW BILTMORE ST
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ALAN WEIERMAN

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date

Graham, Amy

From: Shane Deboard [Shane_Deboard@dcf.state.fl.us]
Sent: Tuesday, November 03, 2009 3:10 PM
To: Rosier, Tiffany; Graham, Amy
Cc: laurel_hopper@dcf.state.fl.us
Subject: Public Records Request

RECEIVED

NOV 05 2009

ZDLC

RE: Victory Forge Military Academy, Inc., 602 SW Biltmore Street, Port
St. Lucie, FL 34983

Tiffany and Amy:

Please scan and email or fax me copies of all of the Annual Surveys filed with DOE by the
above listed school for the years 2004 through 2009, where VFMA registered with DOE as
required by 409.175, F.S.

If you have any questions call me.

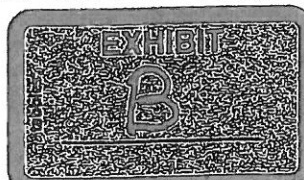
Thanks

Shane

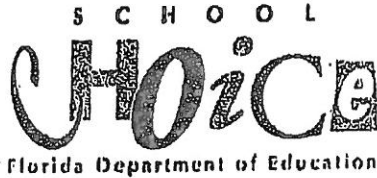
T. Shane DeBoard
Central Region General Counsel
Department of Children & Families
400 West Robinson Street, S1114
Orlando, FL 32801
Phone: (407) 245-0530, Ext. 192
Fax: (407) 245-0574
Cell: (407) 716-9840

shane_deboard@dcf.state.fl.us

NOTICE: Florida has a broad public records law. Most written communications to or from
state officials are public records that will be
~~disclosed to the public and the media upon request.~~ E-mail communications
may be subject to public disclosure.



Office of Independent Education and Parental Choice



2006-2007 Annual Survey



School Name: VICTORY FORGE MILITARY ACADEMY

DEC 14 2006

Program/Status: CTC : WITHDREW

School District: ST. LUCIE

Address: 602 SW BILTMORE STREET

City, State, Zip: PORT ST. LUCIE, FL 34983

Director/Owner: DR. ALAN WEIERMAN

I hereby attest that as owner/chief administrative officer of the above named-school I have been fingerprinted and have submitted these fingerprints to the Florida Department of Law Enforcement in accordance with 1002.42 (2)(c)(4) Florida Statutes.

Signature: [Signature]

Name (Print): Alan L. Weierman

Sworn and subscribed before me this 8th day of December, 2006.

Notary Public, State
of Florida:

Kathleen A. Tondreau

Notary's Name
(Print):

Kathleen A. Tondreau

Personally Known: yes

Produced

Identification: _____

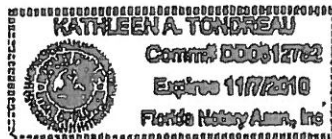
Type: _____

Notary Public

State of Florida at large.

My commission expires: 11/7/2010

Notary Seal:



Current scholarship program(s):		CTC : WITHDREW
Section 1: General Information		
1)	* School Name	VICTORY FORGE MILITARY ACADEMY
2)	School Code (4-digit school number)	1782
3)	District	St. Lucie
4)	* Date School Established	8/15/1996
5)	* Physical Address (no P.O. box)	602 SW BILTMORE STREET
6)	* City, Zip	PORT ST. LUCIE, 34983-0000
7)	Mailing Address (If different from above)	
8)	Mailing Address City, Zip	
9)	* School Phone	(772) 879-7181
10)	Secondary Phone	
11)	School Fax	878-8160
12)	School Website (e.g., http://www.floridaschoolchoice.org)	www.victoryforge.org
13)	* Owner/Chief Administrative Officer	Dr. ALAN WEIERMAN
14)	* School Director/Principal	DR. ALAN WEIERMAN
15)	* School Director/Principal Email	ALWEIERMAN@AOL.COM
16)	* School Director/Principal Date of Birth	11/21/1961
17)	School Contact Person (If different from director)	MOLLY WEIERMAN
18)	School Contact Email	MOLLYVCH@AOL.COM
19)	* 9-Digit Federal Employer Identification Number (FEIN) (9 digits, no punctuation)	341682357
20)	* Is your school a Military School?	Yes
21)	* Is your school a Religious School?	Yes
22)	If you answered yes to question 21, please indicate the denomination:	MULTI/INTER/TRANS-DENOMINATIONAL
23)	* Students	Boys
24)	* Predominant Program Type	Regular
25)	* Is this school a nonprofit organization?	Yes
26)	* Does this school have classes exclusively for children with exceptionalities?	No
27)	* Does this school offer exceptional student education services and other related services?	No
28)	If you answered yes to question 27, please select the types of disabilities served by the exceptional student education and other related services offered by this school (check all that apply):	
29)	* What is the grade range of this school?	This school teaches from sixth through twelfth grade.
26)	* Does this school have Voluntary Prekindergarten (VPK)	No

	Education classrooms?	
30)	* Number of days school is in session during the academic year:	180

Section 2: Residence Information

1)	Residence Facilities Are Available For:	Boys
2)	Grade Range For Students In Residence:	This school teaches from sixth through twelfth grade.

Section 3: Miscellaneous Information

1)	* Is this school participating in federally funded education assistance programs sponsored/administered by the local school district?	No
2)	* Does this school wish to participate in or be notified of federally funded programs sponsored/administered by the local school district?	No
3)	* Does this school participate in the national school lunch or breakfast program?	No
4)	* Indicate the number of children qualified for free or reduced price lunches based on the survey forms sent to parents and currently on file in your office.	0

Section 4: Student Information

* Insert number of students enrolled for current academic year. If none, enter "0".

1)	Pre-K	0	9)	Grade 7	1
2)	Kindergarten	0	10)	Grade 8	2
3)	Grade 1	0	11)	Grade 9	3
4)	Grade 2	0	12)	Grade 10	4
5)	Grade 3	0	13)	Grade 11	4
6)	Grade 4	0	14)	Grade 12	0
7)	Grade 5	0	15)	Exceptional	0
8)	Grade 6	0	16)	Total	14

Racial Breakdown of Students

Black	2
White	8
Asian	0
Hispanic	4
Pacific Islander	0
Mixed	0
American Indian	0

Section 5: Teacher Information

* Insert number of teachers/administrators for current academic year. If none, enter "0". Count each employee only once, even if they server in multiple roles.

1)	Pre-K	0
2)	Kindergarten	0
3)	Grades 1-6	0
4)	Grades 7-12	2
5)	Librarians/Media Specialists	0

Section 6: Graduate Information

* Insert number of graduates from last spring now, and the number of students attending the following types of institutions. If none, enter "0".

1)	Total Number of Graduates Last Spring	1
2)	FL Public Community Colleges	0
3)	FL Private Junior Colleges	0
4)	FL Public Universities	0
5)	FL Private Colleges & Universities	0

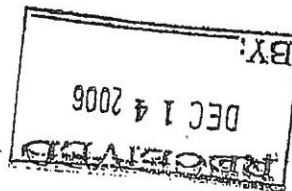
6)	Guidance Counselors	0
7)	Administrators	2
8)	Total	4

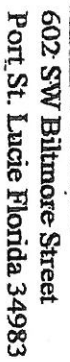
6)	Out of State Colleges & Universities	0
7)	FL Nonacademic Post-Secondary Schools	0
8)	Out of State Nonacademic Post-Secondary Schools	0

Thank you, your data has been saved. For legal purposes, you must print this form and mail it in with your notarized Fingerprint Form (see below).

Print this page and mail it to:
Office of Independent Education and Parental Choice
Turlington Building - Florida Department of Education
325 W. Gaines Street, Room 522
Tallahassee, FL 32399-0400

<< Return to Private School Home Page | Fill Out Scholarship Compliance Form >>





WEST PALM BEACH
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DEC 14 2006

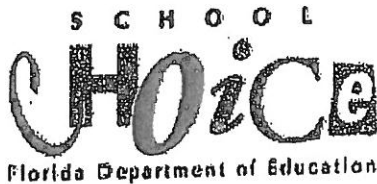
BY:

Office of Independent Education
Huntington Bldg - FL Dept of Education
325 W. Gaines Street Room 522
Tallahassee FL
32399-0400

64-11347-100



Office of Independent Education and Parental Choice



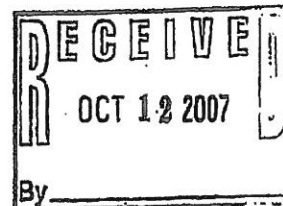
2007-2008 Annual Survey



School Name: **VICTORY FORGE MILITARY ACADEMY**
Program/Status: **CTC : WITHDREW**

School District: **ST. LUCIE**
Address: **602 SW BILTMORE STREET**
City, State, Zip: **PORT ST. LUCIE, FL 34983**

Owner/Chief Administrative Officer: **DR. ALAN WEIERMAN**



I hereby attest that as owner and/or chief administrative officer of the above named-school I have been fingerprinted and have submitted these fingerprints to the Florida Department of Law Enforcement in accordance with 1002.42 (2)(c)(4) Florida Statutes.

Signature: *Alan Weierman*
Name (Print): Alan L. Weierman

Sworn and subscribed before me this 09 day of October, 2007.

Notary Public, State of Florida: Kathleen A. Tondreau

Notary's Name (Print): Kathleen A. Tondreau

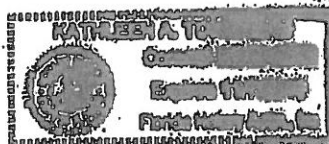
Personally Known: yes

Produced Identification: _____

Type: _____

Notary Public
State of Florida at large.
My commission expires: 11/7/2010

Notary Seal:



Current scholarship program(s):		None
Section 1: General Information		
1)	* School Name	VICTORY FORGE MILITARY ACADEMY
2)	School Code (4-digit school number)	1782
3)	District	St. Lucie
4)	* Date School Established	8/15/1996
5)	* Physical Address (no P.O. box)	602 SW BILTMORE STREET
6)	* City, Zip	PORT ST. LUCIE, 34983
7)	Mailing Address (if different from above)	
8)	Mailing Address City, Zip	
9)	* School Phone	(772) 879-7181 Ext.
10)	Secondary Phone	Ext.
11)	School Fax	(772) 878-8160
12)	School Website (e.g., http://www.floridaschoolchoice.org)	HTTP://WWW.VICTORYFORGE.ORG
13)	* Owner/Chief Administrative Officer	DR. ALAN WEIERMAN
14)	* School Director/Principal	DR. ALAN WEIERMAN
15)	* School Director/Principal Email	ALWEIERMAN@AOL.COM
16)	* School Director/Principal Date of Birth	11/21/1961
17)	School Contact Person (if different from director)	MOLLY WEIERMAN
18)	School Contact Email	MOLLYVCH@AOL.COM
19)	* 9-Digit Federal Employer Identification Number (FEIN) (9 digits, no punctuation)	341682357
20)	* Is your school a Military School?	Yes
21)	* Is your school a Religious School?	Yes
22)	If you answered yes to question 21, please indicate the denomination:	MULTI/INTER/TRANS-DENOMINATIONAL
23)	* Students	Boys
24)	* Predominant Program Type	Regular
25)	* Is this school a nonprofit organization?	Yes
26)	* Does this school have classes exclusively for children with exceptionalities?	No
27)	* Does this school offer exceptional student education services and other related services?	No
28)	If you answered yes to question 27, please select the types of disabilities served by the exceptional student education and other related services offered by this school (check all that apply):	
30)	* Does this school have Voluntary Prekindergarten (VPK) Education classrooms?	No
	* Please enter the lowest grade for which instruction/services are	

31)	provided.	06
32)	* Please enter the highest grade for which instruction/services are provided.	12
33)	* Number of days school is in session during the academic year:	180

Section 2: Residence Information

1)	Residence Facilities Are Available For:	Boys
2)	* Please enter the lowest grade for which there are students in residence.	06
3)	* Please enter the highest grade for which there are students in residence.	12

Section 3: Miscellaneous Information

1)	* Is this school participating in federally funded education assistance programs sponsored/administered by the local school district?	No
2)	* Does this school wish to participate in or be notified of federally funded programs sponsored/administered by the local school district?	No
3)	* Does this school participate in the national school lunch or breakfast program?	No
4)	* Indicate the number of children qualified for free or reduced price lunches based on the survey forms sent to parents and currently on file in your office.	0

Section 4: Student Information

* Insert number of students enrolled for current academic year. If none, enter "0".

1)	Pre-K	0	9)	Grade 7	0
2)	Kindergarten	0	10)	Grade 8	3
3)	Grade 1	0	11)	Grade 9	5
4)	Grade 2	0	12)	Grade 10	3
5)	Grade 3	0	13)	Grade 11	2
6)	Grade 4	0	14)	Grade 12	3
7)	Grade 5	0	15)	Total	16
8)	Grade 6	0			

Racial Breakdown of Students

Black	
White	
Asian	
Hispanic	
Pacific Islander	
Mixed	
American Indian	

Of your total students how many are enrolled in:

Exceptional Student Education	
Career Education	

Section 5: Teacher Information

* Insert number of teachers/administrators for current academic year. If none, enter "0". Count each employee only once, even if they serve in multiple roles.

Section 6: Graduate Information

* Insert number of graduates from last spring now, and the number of students attending the following types of institutions. If none, enter "0".

Annual Private School Survey

1)	Pre-K	0
2)	Kindergarten	0
3)	Grades 1-6	0
4)	Grades 7-12	2
5)	Librarians/Media Specialists	0
6)	Guidance Counselors	0
7)	Administrators	2
8)	Total	4

1)	Total Number of Graduates Last Spring	1
2)	FL Public Community Colleges	0
3)	FL Private Junior Colleges	0
4)	FL Public Universities	0
5)	FL Private Colleges & Universities	0
6)	Out of State Colleges & Universities	0
7)	FL Nonacademic Post-Secondary Schools	0
8)	Out of State Nonacademic Post-Secondary Schools	0



602 SW Biltmore Street
Port St. Lucie, Florida 34983



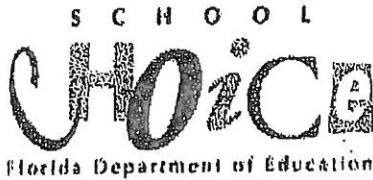
02 1P
0003231740 OCT 10 2007
MAILED FROM ZIP CODE 34983

\$000.410

Office of Independent ~~BOE~~ ^{BOE} ~~FORNITED~~ ^{FORNITED} ~~CLAVE~~ ^{CLAVE}
Furlington Bldg - ~~100~~ ¹⁰⁰ ~~12~~ ¹² ~~2007~~ ²⁰⁰⁷
325 W. Gaines St Room 522
~~Tallahassee~~ ^{Tallahassee} FL 32399-0400

Office of Independent Education & Parental Choice

2008 - 09 Private School Annual Survey



School Name: VICTORY FORGE MILITARY ACADEMY (1782)
Program/Status: CTC: WITHDREW
School District: ST. LUCIE
Address: 602 SW BILTMORE STREET
City, State, Zip: PORT ST. LUCIE, FL 34983
Owner/Chief Administrative Officer: DR. ALAN WEIERMAN

I hereby attest that as owner and/or chief administrative officer of the above named school I have met the fingerprint requirements of section 1002.42 (2)(a), Florida Statutes.

Signature: [Signature]
Name (Print): Alan L. Weierman

Sworn and subscribed before me this 22nd day of October, 2008.

Notary Public, State of Florida: [Signature]
Notary's Name (Print): Kathleen A. Tondreau

Personally Known: ☒
Produced Identification: _____
Type: _____

Notary Public
State of Florida at large.
My commission expires:



2008 - 09 Private School Annual Survey - Survey Status: COMPLETE

Section 1: General Information

- * 1) School Name
- 2) School Code
- 3) District
- * 4) Date School Established
- * 5) Physical Address (no P.O. box)

VICTORY FORGE MILITARY ACADEMY

1782

ST. LUCIE

8/15/1996

802 SW BILTMORE STREET

- * 6) City, State, Zip

PORT ST. LUCIE

FL 34983

- 7) Mailing Address

802 SW BILTMORE STREET

- 8) Mailing Address City, State, Zip

PORT ST. LUCIE

FL 34983

- * 9) School Phone

(772) 679-7161

Ext.

- 10) Secondary Phone

Ext.

- * 11) School Fax

(772) 679-8160

- 12) School Website (e.g., <http://www.floridaschoolchoice.org>)

[HTTP://WWW.VICTORYFORGE.ORG](http://WWW.VICTORYFORGE.ORG)

- * 13) Owner/Chief Administrative Officer

DR. ALAN WEIERMAN

- * 14) School Director/Principal

DR. ALAN WEIERMAN

- * 15) School Director/Principal Email

ALWEIERMAN@AOL.COM

- * 16) School Director/Principal Date of Birth

11/21/1961

- 17) School Contact Person (if different from director)

MOLLY WEIERMAN

- 18) School Contact Email

MOLLYVCH@AOL.COM

- * 19) 9-Digit Federal Employer Identification Number (FEIN) (9 digits, no punctuation)

341682357

- * 20) Is your school a Military School?

☒ Yes ☐ No

- * 21) Is your school a Religious School?

☒ Yes ☐ No

- 22) If you answered Yes to Question 21, please indicate the Denomination.

MULTI/ INTER/ TRANS-DENOMINATIONAL

- * 23) Students

☒ BOYS ☐ GIRLS ☐ COED

- * 24) Predominant Program Type

Regular

- * 25) Is this school a nonprofit organization?

☒ Yes ☐ No

- * 26) Does this school have classes exclusively for children with exceptionalities?

☐ Yes ☒ No

- * 27) Does this school offer exceptional student education services and other related services?

☐ Yes ☒ No

- 28) If you answered yes to question 27, please select the types of disabilities served by the exceptional student education and other related services offered by this school (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Hospital/Homebound | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Deaf Or Hard Of Hearing | <input type="checkbox"/> Intellectually Disabled | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Specific Learning Disabled |
| <input type="checkbox"/> Dual-Sensory Impaired | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Impaired |
| <input type="checkbox"/> Emotionally And Behaviorally Disabled | <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Traumatic Brain Injured |
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Other | <input type="checkbox"/> Visually Impaired |

* 29) Does this school have Voluntary Prekindergarten (VPK) Education Classrooms? ☐ Yes ☒ No

* 30) Please enter the lowest grade for which instruction/services are provided. 08

* 31) Please enter the highest grade for which instruction/services are provided. 12

* 32) Number of days school is in session during the academic year. 180

Section 2: Residence Information

* 1) Residence Facilities Are Available For: ☐ N/A ☒ BOYS ☐ GIRLS ☐ COED

2) Please enter the lowest grade for which there are students in residence. 08

3) Please enter the highest grade for which there are students in residence. 12

Section 3: Miscellaneous Information

* 1) Is this school participating in federally funded education assistance programs sponsored/administered by the local school district? ☐ Yes ☒ No

* 2) Does this school wish to participate in or be notified of federally funded programs sponsored/administered by the local school district? ☐ Yes ☒ No

* 3) Does this school participate in the national school lunch or breakfast program? ☐ Yes ☒ No

* 4) Indicate the number of children qualified for free or reduced price lunches based on the survey forms sent to parents and currently on file in your office.

Section 4: Student Information

Insert number of students enrolled for academic year. If none, enter "0".

* 1) Pre-K	<u>0</u>	* 8) Grade 6	<u>0</u>
* 2) Kindergarten	<u>0</u>	* 9) Grade 7	<u>1</u>
* 3) Grade 1	<u>0</u>	* 10) Grade 8	<u>1</u>
* 4) Grade 2	<u>0</u>	* 11) Grade 9	<u>2</u>
* 5) Grade 3	<u>0</u>	* 12) Grade 10	<u>1</u>
* 6) Grade 4	<u>0</u>	* 13) Grade 11	<u>0</u>
* 7) Grade 5	<u>0</u>	* 14) Grade 12	<u>0</u>
		* 15) Total	<u>8</u> Total

Racial Breakdown of Students:

- | | |
|----------|----------|
| 1) Black | <u>0</u> |
| 2) White | <u>7</u> |
| 3) Asian | <u>0</u> |

- 4) Hispanic
- 5) Pacific Islander
- 5) Mixed
- 6) American Indian

1
0
0
0

Of your total students how many are enrolled in:

- * 1) Exceptional Student Education
- * 2) Career Education

0
8

Section 5: Teacher Information

Insert number of teachers/administrators for current academic year. If none, enter "0". Count each employee only once, even if they serve in multiple roles.

- * 1) Pre-K
- * 2) Kindergarten
- * 3) Grades 1-8
- * 4) Grades 7-12

0
0
0
2

- * 5) Librarian/Media Specialists
- * 6) Guidance Counselors
- * 7) Administrators
- 8) Total

0
0
2
4 Total

Section 6: Graduate Information

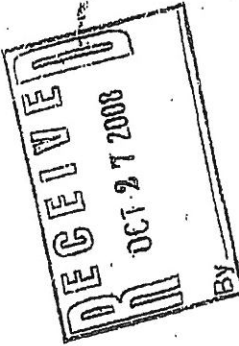
Insert number of graduates from last spring now, and the number of students attending the following types of institutions. If none, enter "0".

- * 1) Total Number of Graduates Last Spring
- * 2) FL Public Community Colleges
- * 3) FL Private Junior Colleges
- * 4) FL Public Universities
- * 5) FL Private Colleges & Universities
- * 6) Out of State Colleges & Universities
- * 7) FL Nonacademic Post-Secondary Schools
- * 8) Out of State Nonacademic Post-Secondary Schools

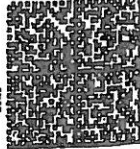
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602 SW Baltimore Street
Port St. Lucie Florida 34983



UNITED STATES POSTAGE



02 1P
0003231749 OCT. 23 2008
\$000.420
MAILED FROM ZIP CODE 34983

Office of Independent Education & Parental Choice
325 W. Gaines St. Suite 522
Tallahassee FL 32399-0400

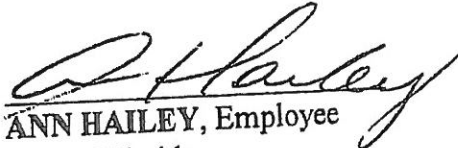
023994-5503



AFFIDAVIT

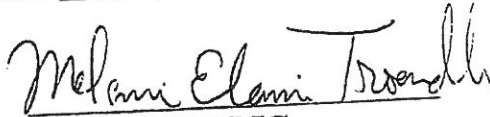
BEFORE ME the undersigned authority, this date, personally appeared ANN HAILEY, CHILD PROTECTIVE INVESTIGATOR, who after being duly sworn, deposes and says that she is an employee of the State of Florida, Department of Children and Families, and that she has read the foregoing petition, and as to paragraphs 7 and 8 she states that each and all of the facts and matters are true and correct based upon her own personal knowledge.

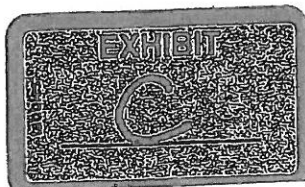
FURTHER THE AFFIANT SAYETH NOT


ANN HAILEY, Employee
State of Florida
Department of Children and Families

SWORN AND SUBSCRIBED before me this 13 day of November 2009.




NOTARY PUBLIC
Personally known _____
ID Provided ☒





Florida Council of Independent Schools

1211 North Westshore Boulevard, Suite 612 • Tampa, Florida 33607
Phone: 813 287-2820 • Fax: 813 286-3025 • Website: www.fcis.org

C. Skardon Bliss, Executive Director

RECEIVED DEPARTMENT OF
CHILDREN & FAMILIES

AUG 05 2009

CIR. 19
LEGAL COUNSEL

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Dr. Barbara Hodges
Holy Comforter
Episcopal School
2001 Fleischmann Rd
Tallahassee, FL 32308
Ph. 850-383-1007

Immediate Past President

Mr. Richard Gehman
Oak Hill School
8009 S.W. 14th Ave
Gainesville, FL 32607
Ph. 352-332-3609

Vice President

Mr. Craig Maughan
Trinity Preparatory School
5700 Trinity Prep Lane
Winter Park, FL 32792
Ph. 407-671-4140

Secretary

Dr. John Trainer
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School

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St. Andrew's School

Mr. David Mahler
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Mr. Sean Murphy
Palmer Trinity School

Mr. Kevin Plummer
Tampa Preparatory School

Mrs. Janet Pullen
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Ms. Dale Regan
Episcopal High School of
Jacksonville

Ms. Jacqueline Westerfield
Grandview Preparatory School

Honorary

Lifetime Directors

Marlan Krutulis
William J. McMillan

August 3, 2009

Laurel Hopper
Circuit 19 Office of Legal Counsel
337 N. U.S. Highway 1, Suite A
Ft. Pierce, FL 34950

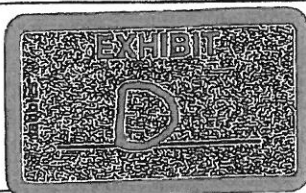
Dear Laurel,

Victory Forge Military Academy is not accredited by the Florida Council of Independent Schools. The school is ineligible for accreditation due to its enrollment; schools must have a minimum of 25 students to undergo our accreditation process.

Please feel free to contact me if you have any additional questions.

Sincerely,

Karen R. Mathews
Associate Director for Accreditation



Florida - SACS CASI
University of West Florida
Building 78, Room 117H
11000 University Parkway
Pensacola, FL 32514
(p) 800.865.9068
(f) 850.474.3126



MEMORANDUM
September, 2009

TO: Ms. Laurel Hopper
State of Florida Department of Children & Families
Fax: 772-467-4170

FROM: Mari Thornton, SACS CASI Florida Office

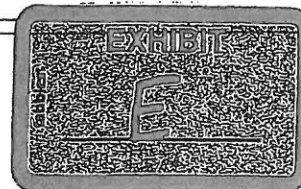
I am confirming that Victory Forge Military Academy in Port St. Lucie IS NOT accredited by the Southern Association of Colleges and Schools Council on Accreditation and School Improvement (SACS CASI).

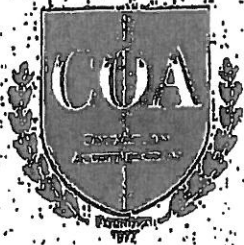
Please call or email me if you have any questions (mthornton@sacscasi.org or 800-865-9068).

SACS CASI is an accreditation division of

ADVANCED
Advancing Excellence in Education Worldwide

www.advanc-ed.org





Credibility Integrity Accountability

September 3, 2009

Richard Klarberg
President & Chief Executive Officer

Sister Ann P. Conrad
Chair, Board of Trustees

Kate Williamson
Office of the Circuit Legal Counsel
Department of Children and Family Services - Circuit 19
337 No. US Highway 1 - Suite A
Fort Pierce, FL 34950-4206

Dear Ms. Williamson:

Sponsoring Organizations

Alliance for Children and Families
Association of Jewish Family and
Children's Agencies
Catholic Charities USA
Children's Home Society of America
Child Welfare League of America
Foster Family-Based
Treatment Association
Joint Council on International
Children's Services
Lutheran Services in America
National Council For Adoption
National Foundation for
Credit Counseling
National Network for Youth
National Organization of State
Associations for Children
Prevent Child Abuse America
Volunteers of America

This is to acknowledge that Victory Forge Academy, located at 638 SW
Biltmore Street, Port St. Lucie, FL 34983, is not accredited nor in the
process of accreditation by the *Council on Accreditation for Children and
Family Services (COA)*.

Please feel free to contact me by phone at 212.797.3000 x. 285 or via
email: sguzman@coanet.org.

Sincerely,

Susana Guzman
Maintenance of Accreditation & Quality Improvement Assistant Manager

Council on Accreditation

120 Wall Street
11th Floor
New York, NY 10005
212.797.3000
Fax 212.797.1428
www.coanet.org



"Shanna Lawson"
<slawson@carf.org>
09/02/2009 12:32 PM

To Laurel Hopper/D15/DCF@DCF
cc
bcc
Subject Inquiry to CARF

Ms. Hopper,

I received your letter and a phone call from Katie yesterday 9/1/09 in regards to whether Victory Forge Military Academy located at 636 SW Billmore Street, Port St. Lucia, FL 34983 is accredited with CARF. I searched our data base and I am unable to locate any organization by that name or address in our system as being accredited.

Please feel free to contact me if you have any further questions.

Best regards,

Shanna Lawson

CARF International
Resource Specialist
Behavioral Health Unit
4891 East Grant Road
Tucson, AZ 85712
Tel/TTY 888-281-6531 Ext. 189 (Toll Free)
Fax 520-318-1129
slawson@carf.org

Find out more about CARF in a three-minute movie: [view movie >](#)



Laurel Hopper, Legal Counsel
Circuit 19 Office of Legal Counsel
337 N. U.S. Highway 1, Suite 'A'
Ft. Pierce, Florida 34950

August 6, 2009

Ms. Hopper,

Victory Forge Military Academy was a member of CORE for much less than a year. When I joined CORE as the Director of Professional Practices in July 2008, we instituted a better vetting process that helped ensure that those wishing to join CORE met our membership criteria (below). In September of 2008 we notified Victory Forge Military Academy that they did not meet our membership criteria and refunded the remainder of their dues. They have not been members since that time, and are unlikely to be unless their approach to youth comes into line with CORE's criteria.

Membership Criteria

Eligible programs:

- Maintain a residential component with a defined residential curriculum and enrichment activities such as sports, clubs, tutoring, and community service.
- Incorporate education as a primary program component, whether through an on-site school or attendance at local public or private schools, with additional educational supports on campus.
- Target socially and/or economically disadvantaged youth whose homes cannot adequately meet their needs.
- Maintain a youth development, strength-based approach focused on the futures of young people. Counseling may be available, but is not the primary focus of the program.
- Intend to have youth enrolled for at least one academic year, while keeping in mind the best interest of each child.
- Have licensure or accreditation in good standing.

I hope that this meets your needs. Please contact me should you have any further questions.

Best Regards

Ric Kienzle

Director of Professional Practices

6900 Wisconsin Avenue, Suite 410 • Bethesda, MD 20815

Tel: 301-656-6101 • Fax: 301-656-6134 • www.residentialeducation.org

CORE is a 501(c)(3) organization supported by donations and member dues.

November 3, 2009

RECEIVED DEPARTMENT OF
CHILDREN & FAMILIES

NOV 05 2009

CIR. 19
LEGAL COUNSEL

Laurel Hopper
Department of Children and Families
Circuit 19 Office of Legal Counsel
337 N US Highway 1 Suite A
Fort Pierce Florida 34950

VIA US MAIL AND ELECTRONIC MAIL

Dear Ms. Hopper,

In reference to your letter dated October 29, 2009 regarding FS 409.175 and the requirement for Victory Forge Military Academy to become accredited by one of the recognized accrediting agencies wherein you state that we must provide proof of accreditation or of the process thereof:


Please accept this letter to serve as evidence of the initiation of the accreditation process with The Commission on Accreditation of Rehabilitation Facilities (CARF), in the Child and Youth Services category.

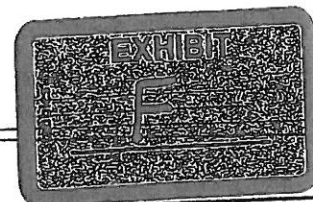
I have enclosed with this letter a webshot of the website for CARF, explaining the process. As you can clearly see the process is a rather long one (as is any accrediting process). I have also enclosed an email from me to CARF Child and Youth Services contact via email at cyscc@carf.org requesting a Resource Specialist be assigned to my agency.

I trust this will serve as proof of my intent and initiation of the accreditation process.

Please feel free to contact me if you need further information.

Sincerely,


Alan L. Weierman, Ph.D., Colonel
President





AGING SERVICES
BEHAVIORAL HEALTH
CHILD AND YOUTH SERVICES
DMEPOS
EMPLOYMENT AND COMMUNITY SERVICES
MEDICAL REHABILITATION

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Customer Connect Login

ACCREDITATION

Steps to Accreditation
 Decisions & Resources
 Consultative Approach

Accreditation Opportunities

ACCREDITATION BENEFITS

Insurance Discounts
 Skillsoft Online Training
 Value of Accreditation

EVENTS

Education and Training

PUBLICATIONS

eCatalog
 Newsletters
 Free Publications
 Field Reviews of Standards

RESEARCH

Rating System
 Outcomes Initiative
 uSPEQ

LEARNING CENTER

Survey Toolbox

SPONSORSHIP OPPORTUNITIES

Conferences
 Website

CARF FAMILY

CARF Canada
 CARF-CCAC

Steps to accreditation

Condensed from the CARF standards manuals

(If your organization is applying for a CARF survey, please review the complete steps to accreditation published in the standards manuals.)

The steps to accreditation involve a year or more of preparation before the site survey and ongoing quality improvement following the survey.

1. Consult with a designated CARF resource specialist to provide guidance and technical assistance regarding the accreditation process. Read more. >

2. Conduct a self-evaluation. The organization must implement and use the standards for at least six months before the survey. Read more. >

3. Submit the Intent to Survey and nonrefundable Intent fee. The Intent includes detailed information about leadership, programs, and services that the organization is seeking to accredit and the service delivery location(s). Read more. >

4. CARF Invoices for the survey fee. The CARF fee is based on the number of surveyors and days needed to complete the survey. The CARF-CCAC fee is fixed, with additional fees if additional programs are added to the survey. Read more. >

5. CARF selects the survey team. Surveyors are selected by matching their program or administrative expertise and relevant field experience with the organization's unique requirements. Read more. >

6. The survey team conducts the survey and determines the organization's conformance to all applicable standards on site by observing services, interviewing persons served and other stakeholders, and reviewing documentation. Surveyors also provide consultation to organization personnel. Read more. >

7. CARF renders an accreditation outcome. CARF reviews the survey findings and renders one of the following accreditation decisions:

CARF

- Three-year accreditation
- One-year accreditation

• Provisional accreditation

- Nonaccreditation

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CARF-CCAC

- Five-year term of accreditation
- Nonaccreditation

Approximately six to eight weeks after the survey, CARF notifies the organization of the accreditation outcome and sends it a written survey report and Quality Improvement Plan (QIP). [Read more.](#) >

8. Submit a Quality Improvement Plan. Within 90 days after notification of the accreditation outcome, the organization fulfills an accreditation condition by submitting to CARF a QIP outlining the actions that have been or will be taken in response to the recommendations made in the survey report.

CARF-CCAC-accredited organizations must also submit an annual QIP with the Annual Conformance to Quality Report (ACQR). [Read more.](#) >

9. Submit an Annual Conformance to Quality Report. An organization that earns accreditation submits to CARF a signed ACQR on the accreditation anniversary date in each of the years following the award. [Read more.](#) >

10. CARF maintains contact with the organization during the accreditation tenure. Organizations are also encouraged to contact CARF as needed to help maintain conformance to CARF standards. [Read more.](#) >

Learn the answer to how do we prepare for accreditation?

Copyright CARF © 2009. All rights reserved.

Subj: Accreditation
Date: 11/2/2009 3:42:18 P.M. Eastern Standard Time
From: AlWeierman
To: AlWeierman

Hello, I am interested in getting my agency accredited. Please direct me to a resource specialist.

Thank You

Alan L. Weierman, Ph.D., Colonel
Victory Forge Military Academy
" Rebuilding young men...mind, soul and body"

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

Monday, November 02, 2009 AOL: Alweierman

INVESTIGATIVE SUMMARY (IS)
Child Institutional Investigation
(without Reporter Information)

Case Name VICTORY FORGE MILITARY DRILL C	Intake Number 2008-367874-01	Investigative Sub-Type Institutional	County St Lucie
Date/Time Intake Received 04/06/2008 4:45 PM		Protective Investigator Spletstoser, Kathryn	
Date/Time Investigation Closed 06/05/2008 3:17 PM		Protective Investigator Supervisor PORTO, CHRISTINA A	

I. Allegation Narrative(s)			
Sequence Type Initial	Date/Time Received 04/06/2008 4:45 PM	Response Priority Immediate	
<p>Narrative</p> <p>_____ ran away from the facility. When he was found _____ was in handcuffs and shackles. _____ has marks on his ankles and is mentally shaken up. The facility makes _____ drink vinegar, they drag him around in handcuffs, and they make him sleep in handcuffs and shackles. At night _____ has to sleep in handcuffs, and leg irons, in the morning the handcuffs are removed, and he has to walk around in leg irons. _____ has been at the facility for four weeks, and is suppose to be there for two years. There is concern that the facility is not certified to use handcuffs and shackles.</p>			

Field Narrative

ALLEGATIONS FROM DUPLICATE REPORT 2008-384482: _____ was a resident at the facility. During November 2007, _____ was pushed into a chair by Colonel Weirman so hard the the chair broke. _____ hurt his back. At another point in time in November 2007, Lt. Frenandez put a knee in _____ face and chest and choked him.

ALLEGATIONS FROM 2008-384482 (SEE REPORTER INFO): It is alleged that _____ suffered a nose bleed while at Victory Forge

ALLEGATIONS FROM DUPLICATE REPORT 2008-384467: Over the past four months, _____ has had bruises on his throat and other parts of his body. These injuries were sustained at the hands of other students / residents at Valley Forge Military Academy & Boot Camp. Staff encourage students / residents to physically punish their peers if they violate rules. _____ has been choked and pushed to the ground by his peers and intimidated by the Commanding Officer, Colonel Alan L. Weierman. _____ and other students / residents who attend Victory Forge are afraid to answer questions honestly while at the Academy because they will be physically punished if they tell the truth.

II. Provider Information			
Name VICTORY FORGE MILITARY DRILL CAMP			
Street 606 SW BILTMORE ST		Unit Designator	Building
City Port St. Lucie	State FL	Zip Code	Phone Number

III. Victim(s)						
Name _____	DOB 10/22/1991	Age 16	Gender Male	Race Black/African American	Disabilities No	
Maltreatment _____	Findings _____	Incident Date _____	Caregiver Responsible _____		Fatality _____	

