

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

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90071 022 \*\*\*\*61.25

DOCUMENT # N00000001505 (AKA)  
1. Entity Name *BLUES ALLIANCE*  
DOWNTOWN BLUES ALLIANCE OF THE TREASURE  
COAST, INC. *OF THE TREASURE COAST*



Principal Place of Business Mailing Address  
PO BOX 3804 FT. PIERCE FL 34948 *CHANGED* PO BOX 8804 FT. PIERCE FL 34948



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
*PO BOX 7192*

1st MOORE CR2E037 (10/04)

City & State *PORT ST. LUCIE* City & State *FL. 34985-7192*  
Zip *34985-7192* Country *USA* Zip Country

4. FEI Number *65-1068275* Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RYALS, SCOTT G ESQ.  
512 SCOTT 2ND. STREET  
FT. PIERCE FL 34950

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MAC, RICAHRD
STREET ADDRESS	1978 SW IDAHO LANE
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953
TITLE	S <input type="checkbox"/> Delete
NAME	GAMBLE, PATTI
STREET ADDRESS	1415 SW PITCHER LA
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952
TITLE	BOD <input type="checkbox"/> Delete
NAME	MELVIN, VERN
STREET ADDRESS	2418 ATLANTIC BEACH BLVD
CITY-ST-ZIP	FORT PIERCE FL 34950
TITLE	BOD <input checked="" type="checkbox"/> Delete
NAME	LAURO, PETER <i>Resigned</i>
STREET ADDRESS	1202 SW JACQUELINE AVE
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953 <i>3/05</i>
TITLE	V <input type="checkbox"/> Delete
NAME	WHITT, BOB
STREET ADDRESS	201 SE WALTERS TERRACE
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983
TITLE	BOD <input type="checkbox"/> Delete
NAME	COURTWRIGHT, KEN
STREET ADDRESS	395 SW DE GOUVEA TERRACE
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	BOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Verna Van Der Linden</i>
STREET ADDRESS	<i>1622 St Tiffany Club</i>
CITY-ST-ZIP	<i>Port St. Lucie, FL 34952</i>
TITLE	BOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Lynn Vanasdale</i>
STREET ADDRESS	<i>501 SW Bacon Terr.</i>
CITY-ST-ZIP	<i>Port St. Lucie, FL 34953</i>
TITLE	BOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Paul Dietman</i>
STREET ADDRESS	<i>501 SW Bacon Terr.</i>
CITY-ST-ZIP	<i>Port St. Lucie, FL 34953</i>
TITLE	BOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Tom Anberger</i>
STREET ADDRESS	<i>4975 S. U.S. 90</i>
CITY-ST-ZIP	<i>FT. Pierce, FL 34982</i>
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	

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: *Robert B. Whitt* *3-28-05 772-879-4588*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #