


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001505**

1. Entity Name  
**THE BLUES ALLIANCE OF THE TREASURE COAST, INC.**



Principal Place of Business      Mailing Address

P. O. BOX 7192      P. O. BOX 7192  
PORT SAINT LUCIE, FL 34985-7192      PORT SAINT LUCIE, FL 34985-7192

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**65-1068275**      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**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-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	WHITT, ROBERT
STREET ADDRESS	201 SE WALTERS TERR
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	VPD
NAME	MELVIN, VERN
STREET ADDRESS	2418 ATLANTIC BEACH BLVD
CITY-ST-ZIP	FT PIERCE, FL 34949
TITLE	TD
NAME	VERNA VAN DER LINDEN
STREET ADDRESS	1622 SE TIFFANY CLUB
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	SD
NAME	GAMBLE, PATRICIA M
STREET ADDRESS	1415 SE PITCHER RD
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	D
NAME	GIRTMAN, PAUL
STREET ADDRESS	501 SW BACON TERR
CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE	D
NAME	VANASDALE, LYNN
STREET ADDRESS	501 SW BACON TERR
CITY-ST-ZIP	PORT ST LUCIE, FL 34953

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01/18/06-80058-017 70.00

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: Robert B. Whitt      1-11-06      1-772-467-1857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #