


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

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90106 046 \*\*\*\*70.00

<b>DOCUMENT # N00000001505</b>					
1. Entity Name THE BLUES ALLIANCE OF THE TREASURE COAST, INC.					
Principal Place of Business P. O. BOX 7192 PORT SAINT LUCIE, FL 34985-7192			Mailing Address P. O. BOX 7192 PORT SAINT LUCIE, FL 34985-7192		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1068275	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RYALS, SCOTT G ESQ. 512 SCOTT 2ND STREET FT. PIERCE, FL 34950			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITT, ROBERT		NAME	GERRY MULLANEY	
STREET ADDRESS	201 SE WALTERS TERR		STREET ADDRESS	2165 S.E. HARDING ST.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953		CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN, VERN		NAME	ELAINE ROMANO	
STREET ADDRESS	2418 ATLANTIC BEACH BLVD		STREET ADDRESS	1903 ROYAL PALM DR.	
CITY-ST-ZIP	FT PIERCE, FL 34949		CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERNA VAN DER LINDEN		NAME	SYLVIE SZAFRANSKI	
STREET ADDRESS	1622 SE TIFFANY CLUB		STREET ADDRESS	1704 N.E. ARCH AVE.	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMBLE, PATRICIA M		NAME	PETE SANDOVAL	
STREET ADDRESS	1415 SE PITCHER RD		STREET ADDRESS	1642 SW LOFGREN AVE.	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIRTMAN, PAUL		NAME	ED OUTSALT	
STREET ADDRESS	501 SW BACON TERR		STREET ADDRESS	1825 NW 31ST ST #1606	
CITY-ST-ZIP	PORT ST LUCIE, FL 34953		CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANASDALE, LYNN		NAME	DENI O'QUINN	
STREET ADDRESS	501 SW BACON TERR		STREET ADDRESS	28 NE PINE LAKE VLG. BLVD.	
CITY-ST-ZIP	PORT ST LUCIE, FL 34953		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
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: <i>Patricia M. Gamble</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			PATRICIA M. GAMBLE		
			Date		
			7/2 - 1/9/08		
			Daytime Phone #		
			348-1068		