

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001505

FILED
Jan 09, 2009
Secretary of State

Entity Name: THE BLUES ALLIANCE OF THE TREASURE COAST, INC.

Current Principal Place of Business:

P. O. BOX 7192
PORT SAINT LUCIE, FL 349857192

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7192
PORT SAINT LUCIE, FL 349857192

New Mailing Address:

FEI Number: 65-1068275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RYALS, SCOTT G ESQ.
512 SCOTT 2ND. STREET
FT. PIERCE, FL 34950 US

Name and Address of New Registered Agent:

RYALS, SCOTT G ESQ.
512 SOUTH 2ND. STREET
FT. PIERCE, FL 34950 US

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: ROBERT B. WHITT

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITT, ROBERT
Address: 201 SE WALTERS TERR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: BOD () Delete
Name: ROMANO, ELAINE
Address: 1903 ROYAL PALM DR
City-St-Zip: FORT PIERCE, FL 34982

Title: TD () Delete
Name: VERNA VAN DER LINDEN,
Address: 1622 SE TIFFANY CLUB
City-St-Zip: PORT ST LUCIE, FL 34952

Title: SD () Delete
Name: GAMBLE, PATRICIA M
Address: 1415 SE PITCHER RD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP () Delete
Name: OUT CALT, ED
Address: 1225 NW 21ST ST 1606
City-St-Zip: STUART, FL 34994

Title: BOD () Delete
Name: O'QUINN, DENI
Address: 28 NE PINE LAKE VLG BLVD
City-St-Zip: JENSEN BEACH, FL 34957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WHITT, ROBERT B
Address: 201 SE WALTERS TERR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP (X) Change () Addition
Name: ROMANO, ELAINE
Address: 1903 ROYAL PALM DR
City-St-Zip: FORT PIERCE, FL 34982

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

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

Title: BOD (X) Change () Addition
Name: MILLARD, ELSA
Address: 4617 NW COVE CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: BOD (X) Change () Addition
Name: SANDOVAL, PETE
Address: 1642 SW LOFGREN AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: ROBERT B. WHITT

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

Date