

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000001505

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

**Current Principal Place of Business:**

9168 SOUTH US HWY 1  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

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

**FEI Number:** 65-1068275

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RYALS, SCOTT GESQ.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEVY, STEVE  
Address        2065 SE VAN KLEFF AVE  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            VP  
Name            KRUSE, RUSS  
Address        1608 SE HAVERFORD ST  
City-State-Zip: PORT ST LUCIE FL 34983

Title            TREASURER  
Name            SOUZA, ELAINE  
Address        3436 ROSELAWN BLVD.,  
City-State-Zip: FORT PIERCE FL 34982

Title            SECRETARY  
Name            KRUSE, MARY  
Address        1608 SE HAVERFORD ST  
City-State-Zip: PORT ST LUCIE FL 34983

Title            BOD  
Name            SHONBACH, MICHAEL  
Address        1149 SW HUTCHINS ST.,  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title            BOD  
Name            LYNN, BILL  
Address        1107 DRIFTWOOD LA.,  
City-State-Zip: FORT PIERCE, FL 34982

Title            BOD  
Name            KARPUS, JAMES  
Address        8755 SE MAY TERR.,  
City-State-Zip: HOBE SOUND, FL 33455

Title            BOD  
Name            KRYCESKI, JERRY  
Address        2662 SE GOWIN DRIVE  
City-State-Zip: PORT ST LUCIE FL 34952

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVE LEVY

**PRESIDENT**

**05/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date