

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001505

Entity Name: TREASURE COAST BLUES SOCIETY, INC

Current Principal Place of Business:

9130 S US HIGHWAY 1
PORT ST LUCIE, FL 34952

Current Mailing Address:

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

FEI Number: 65-1068275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARI HUFF CPA PA
759 SW FEDERAL HIGHWAY
101
STUART, FL 34997 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: MARI HUFF

04/30/2022

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 SECRETARY
Name GRIFFITH, SANDRA
Address 930 SAVANAS PT DR
 UNIT C
City-State-Zip: FORT PIERCE FL 34982

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

Title DIRECTOR
Name ALBERT, JILL
Address 2372 SE GILLETTE AVE
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR
Name LOSCHIAVO, MICHAEL
Address 1081 SE MONTEREY RD
 C16
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name BERRIOS , ED
Address 16486 MELLEN LANE
City-State-Zip: JUPITER FL 33478

Title DIRECTOR
Name GRIFFITH, KENNY
Address 374 SE LANCASTER AVE
City-State-Zip: PORT ST LUCIE FL 34984

Title DIRECTOR
Name BYRD, DAVE
Address 5352 NW CHICOPA STREET
City-State-Zip: PORT ST. LUCIE FL 34983

Continues on page 2

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

REGISTERED AGENT

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HARRISON, MICHAEL
Address 3306 SE WEST SNOW RD
City-State-Zip: PORT ST. LUCIE FL 34984