

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001505

**FILED**  
**Mar 31, 2021**  
**Secretary of State**  
**4609984519CC**

**Entity Name:** TREASURE COAST BLUES SOCIETY, INC

**Current Principal Place of Business:**

9168 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:**

LEVY, STEVE GARY  
9168 SOUTH US HIGHWAY 1  
PORT ST LUCIE, FL 34952 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:** STEVE G LEVY

03/31/2021

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            DIRECTOR  
Name            DEMOPOULOS, LEONIDAS  
Address        2156 SE HERON AVE  
City-State-Zip: PORT ST 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            ROMANO, 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            TREASURER  
Name            MCCUNE, DANIELLE  
Address        4332 SE COVE LAKE CIRCLE  
                  APT 201  
City-State-Zip: STUART FL 34997

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

**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

**PRESIDENT**

03/31/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            GRIFFITH, KENNY

Address         374 SE LANCASTER AVE

City-State-Zip: PORT ST LUCIE FL 34984