

**2024 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:**

SCHWIND, PETER J.  
930 SAVANNAS POINT DR.  
UNIT C  
FT. PIERCE, FL 34996 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: PETER J. SCHWIND**

**02/23/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CIOFFI, LENA  
Address        412 SE SEAHORSE DR.  
City-State-Zip: PORT SAINT LUCIE FL 34983

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            LEVY, HAWK  
Address        2065 SE VAN KLEFF 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            MCLAUGHLIN , KEVIN  
Address        4050 GREENWOOD DR.  
City-State-Zip: FT. PIERCE FL 34982

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

Title            DIRECTOR  
Name            SCHMIDT, DAN  
Address        2103 SE WASHINGTON ST. N RD  
City-State-Zip: STUART FL 34997

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*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: PETER J. SCHWIND**

**TREASURER**

**02/23/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LOSCHIAVO, MIKE  
Address 2929 SE OCEAN BLVD.  
City-State-Zip: STUART FL 34996

Title DIRECTOR  
Name CARBONE, MARK  
Address 26083 SW VITURBO WAY  
City-State-Zip: PORT ST, LUCIE FL 34986

Title TREASURER  
Name SCHWIND, PETER J.  
Address 4761 SE BINNACLE WAY  
City-State-Zip: STUART FL 34997