

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001505

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

Current Principal Place of Business:

1415 SE PITCHER RD.,
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

1415 SE PITCHER RD.,
PORT SAINT LUCIE, FL 34952

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 PD
Name GAMBLE, PATRICIA M
Address 1415 SE PITCHER RD.,
City-State-Zip: PORT SAINT LUCIE FL 34952

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

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

Title BOD
Name HUDSON, JACK
Address 1672 CHRISTMAS COVE DR.,
City-State-Zip: FORT PIERCE, FL 34945

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

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: PATRICIA M. GAMBLE

PRESIDENT

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date