Entity Name: The	HE BLUES ALLIA	NCE OF THE TREA	ASURE COAST, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

DOCUMENT# N0000001505

Current Mailing Address:

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

FEI Number: 65-1068275

Name and Address of Current Registered Agent:

RYALS, SCOTT GESQ. 512 SOUTH 2ND. STREET FT. PIERCE, FL 34950 US Certificate of Status Desired: Yes

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

Officer/Director Detail :

Title	PD	Title	VP, TREASURER
Name	GAMBLE, PATRICIA M	Name	SOUZA, ELAINE T
Address	1415 SE PITCHER RD.,	Address	3436 ROSELAWN BLVD.,
City-State-Zip:	PORT SAINT LUCIE FL 34952	City-State-Zip:	FORT PIERCE, FL 34982
Title	REC. SECRETARY	Title	TD
Name	GRIFFITH, SANDRA SR.	Name	SOUZA, ELAINE
Address	1415 SE PITCHER RD.,	Address	3436 ROSELAWN BLVD.,
City-State-Zip:	PORT SAINT LUCIE FL 34952	City-State-Zip:	FORT PIERCE FL 34982
Title	BOD	Title	BOD
Title Name	BOD GRIFFITH, RICHARD	Title Name	BOD SHONBACH, MICHAEL
	-		
Name	GRIFFITH, RICHARD 1415 SE PITCHER RD.,	Name	SHONBACH, MICHAEL
Name Address	GRIFFITH, RICHARD 1415 SE PITCHER RD.,	Name Address	SHONBACH, MICHAEL 1415 SE PITCHER RD.,
Name Address City-State-Zip:	GRIFFITH, RICHARD 1415 SE PITCHER RD., PORT SAINT LUCIE FL 34952 BOD	Name Address City-State-Zip:	SHONBACH, MICHAEL 1415 SE PITCHER RD., PORT SAINT LUCIE FL 34952
Name Address City-State-Zip: Title	GRIFFITH, RICHARD 1415 SE PITCHER RD., PORT SAINT LUCIE FL 34952	Name Address City-State-Zip: Title	SHONBACH, MICHAEL 1415 SE PITCHER RD., PORT SAINT LUCIE FL 34952 BOD

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: PATRICIA M. GAMBLE

PRESIDENT

01/08/2015

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	BOD
Name	LUDMERER, EILEEN
Address	1415 SE PITCHER RD.,
City-State-Zip:	PORT SAINT LUCIE FL 34952