

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90047 028 \*\*\*\*61.25

**DOCUMENT # N00000001505**

1. Entity Name

**THE BLUES ALLIANCE OF THE TREASURE COAST,  
INC.**



Principal Place of Business

P. O. BOX 7192  
PORT SAINT LUCIE FL 34985-7192

Mailing Address

P. O. BOX 7192  
PORT SAINT LUCIE FL 34985-7192

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-1068275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYALS, SCOTT G ESQ.  
512 SCOTT 2ND. STREET  
FT. PIERCE FL 34950**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WHITT, ROBERT  
STREET ADDRESS 201 SE WALTERS TERR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

TITLE VPD ☒ Delete  
NAME MELVIN, VERN  
STREET ADDRESS 2418 ATLANTIC BEACH BLVD  
CITY-ST-ZIP FT PIERCE FL 34949

TITLE TD ☐ Delete  
NAME VERNA VAN DER LINDEN  
STREET ADDRESS 1622 SE TIFFANY CLUB  
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE SD ☐ Delete  
NAME GAMBLE, PATRICIA M  
STREET ADDRESS 1415 SE PITCHER RD  
CITY-ST-ZIP PORT ST LUCIE FL 34952

TITLE D ☒ Delete  
NAME GIRTMAN, PAUL  
STREET ADDRESS 501 SW BACON TERR  
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE D ☒ Delete  
NAME VANASDALE, LYNN  
STREET ADDRESS 501 SW BACON TERR  
CITY-ST-ZIP PORT ST LUCIE FL 34953

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ELAINE PAYNE ☐ Change ☒ Addition  
NAME 557 N.W. SALINA TERR,  
STREET ADDRESS PORT ST. LUCIE FL 34983  
CITY-ST-ZIP

TITLE LAUREEN MORANA ☐ Change ☒ Addition  
NAME 929 S.W. CECIL LANE  
STREET ADDRESS PORT ST. LUCIE FL 34983  
CITY-ST-ZIP

TITLE ED OUTCALT ☐ Change ☒ Addition  
NAME 1225 N.W. 81ST ST, #1606  
STREET ADDRESS STUART, FL 34994  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/07 772-877-4588