

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 046 ****70.00

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	4. FEI Number 65-1068275	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYALS, SCOTT G ESQ. 512 SCOTT 2ND STREET FT. PIERCE, FL 34950			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME WHITT, ROBERT STREET ADDRESS 201 SE WALTERS TERR CITY-ST-ZIP PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Delete				
TITLE VPD NAME MELVIN, VERN STREET ADDRESS 2418 ATLANTIC BEACH BLVD CITY-ST-ZIP FT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete				
TITLE TD NAME VERNA VAN DER LINDEN STREET ADDRESS 1622 SE TIFFANY CLUB CITY-ST-ZIP PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete				
TITLE SD NAME GAMBLE, PATRICIA M STREET ADDRESS 1415 SE PITCHER RD CITY-ST-ZIP PORT ST LUCIE, FL 34952	<input type="checkbox"/> Delete				
TITLE D NAME GIRTMAN, PAUL STREET ADDRESS 501 SW BACON TERR CITY-ST-ZIP PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete				
TITLE D NAME VANASDALE, LYNN STREET ADDRESS 501 SW BACON TERR CITY-ST-ZIP PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete				
TITLE BOD NAME GERRY MULLANEY STREET ADDRESS 2165 S.E. HARDING ST. CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE BOD NAME ELAINE ROMANO STREET ADDRESS 1903 ROYAL PALM DR. CITY-ST-ZIP FORT PIERCE, FL 34982	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE BOD NAME SYLVIE ZAFRANSKI STREET ADDRESS 1704 N.E. ARCH AVE. CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE BOD NAME PETE SANDOVAL STREET ADDRESS 1642 SW LOFGREN AVE. CITY-ST-ZIP PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE VP NAME ED OUTSALT STREET ADDRESS 1825 NW 21ST ST #1606 CITY-ST-ZIP STUART FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE BOD NAME DENI O'QUINN STREET ADDRESS 28 NE PINE LAKE VLG. BLVD. CITY-ST-ZIP JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Patricia M. Gamble</i> PATRICIA M. GAMBLE 1/9/08 349-1068					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					