

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001505

**Entity Name:** TREASURE COAST BLUES SOCIETY, INC**Current Principal Place of Business:**412 SE SEAHOUSE DR  
PORT ST LUCIE, FL 34983**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:**CARBONE, MARK  
26083 SW VITERBO WAY  
PORT ST. LUCIE, FL 34986 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:** MARK CARBONE

04/14/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            DIRECTOR  
Name            KONZ, MARY BETH  
Address        4162 SE PAUL TERRACE  
City-State-Zip: STUART FL

Title            SECRETARY  
Name            GRIFFITH, SANDRA  
Address        930 SAVANAS PT DR  
                  UNIT C  
City-State-Zip: FORT PIERCE FL 34982

Title            VP  
Name            MCLAUGHLIN , KEVIN  
Address        4050 GREENWOOD DR  
City-State-Zip: FT. PERCE FL 34982

Title            TREASURER  
Name            CARBONE, MARK  
Address        26083 SW VITERBO WAY  
City-State-Zip: PORT ST. LUCIE FL 34986

Title            DIRECTOR  
Name            SCHAU, BRIAN  
Address        55 PALERMO CT  
                  APT 101  
City-State-Zip: STUART FL 34994

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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:** PASQUALINA CIOFFI

PRESIDENT

04/14/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	HYNES, PAUL
Address	200 GREENTREE CT
City-State-Zip:	JUPITER FL 33458