

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003292

**Entity Name:** SOUTHWEST FLORIDA BLUES SOCIETY, INC.

**FILED**  
**Feb 06, 2022**  
**Secretary of State**  
**0277405498CC**

**Current Principal Place of Business:**

4618 PINE ISLAND RD. NW  
#1B  
MATLACHA, FL 33993

**Current Mailing Address:**

PO BOX 166  
MATLACHA, FL 33993 US

**FEI Number: 35-2407891**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOLLIVER, JERRY L  
1210 SW 1ST. PL.  
CAPE CORAL, FL 33991 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            PRESIDENT, DIRECTOR  
Name            TOLLIVER, JERRY  
Address        PO BOX 166  
City-State-Zip: MATLACHA FL 33993

Title            MEMBERSHIP DIRECTOR, DIRECTOR  
Name            SURAN, MELVIN  
Address        PO BOX 166  
City-State-Zip: MATLACHA FL 33993

Title            VP, DIRECTOR  
Name            NEWMAN, KENT  
Address        PO BOX 166  
City-State-Zip: MATLACHA FL 33993

Title            DIRECTOR  
Name            PFEFFER, ADRIAN  
Address        PO BOX 166  
City-State-Zip: MATLACHA FL 33993

Title            DIRECTOR  
Name            DANLEY, MIKE  
Address        PO BOX 166  
City-State-Zip: MATLACHA FL 33993

Title            TREASURER, DIRECTOR  
Name            FISKE, ALLEN  
Address        PO BOX 166  
City-State-Zip: MATLACHA FL 33993

Title            SECRETARY, DIRECTOR  
Name            GROSS, CRYSTAL  
Address        PO BOX 166  
City-State-Zip: MATLACHA FL 33993

*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: JERRY TOLLIVER**

**PRESIDENT**

**02/06/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date