

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003292

**Entity Name:** SOUTHWEST FLORIDA BLUES SOCIETY, INC.**Current Principal Place of Business:**4547 PINE ISLAND RD. NW  
UNIT C  
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	SECRETARY, DIRECTOR
Name	GROSS, CRYSTAL
Address	PO BOX 166
City-State-Zip:	MATLACHA FL 33993

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

Title	DIRECTOR
Name	FROCK, JAMES
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

PRES.

03/18/2023

Electronic Signature of Signing Officer/Director Detail

Date