

2024 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

FILED
Jan 09, 2024
Secretary of State
8118355587CC

Current Mailing Address:

PO BOX 166
MATLACHA, FL 33993 US

FEI Number: 35-2407891

Certificate of Status Desired: Yes

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 NEWMAN, KENT
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 TOLLIVER, JERRY
Address PO BOX 166
City-State-Zip: MATLACHA FL 33993

Title SECRETARY, 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 DIRECTOR
Name SMITH, BRADFORD
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 LAZER, PEGGY
Address PO BOX 166
City-State-Zip: MATLACHA FL 33993

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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: CAROL L SURAN

TREASURER

01/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name LEACH, KENNY RAE
Address PO BOX 166
City-State-Zip: MATLACHA FL 33993