

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004510

Entity Name: FLORIDA BAR B QUE ASSOCIATION INC.**Current Principal Place of Business:**3050 DYER BLVD
SUITE #178
KISSIMMEE, FL 34741**Current Mailing Address:**3050 DYER BLVD
SUITE #178
KISSIMMEE, FL 34741 US**FEI Number:** 59-3663701**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOMEN, SHELBY
3050 DYER BLVD
SUITE #178
KISSIMMEE, FL 34741 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:** SHELBY LOMEN

01/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	BOARD MEMBER
Name	BRUMM, STEVEN H
Address	BOX 309
City-State-Zip:	PANAMA CITY FL 32402

Title	TREASURER
Name	LOMEN, SHELBY
Address	3050 DYER BLVD SUITE #178
City-State-Zip:	KISSIMMEE FL 34741

Title	SECRETARY
Name	SOLOMON, JOHN
Address	298 CARROL STREET
City-State-Zip:	EASTPOINT FL 32328

Title	BOARD MEMBER
Name	BARBER, MATT
Address	P.O. BOX 2376
City-State-Zip:	LAKELAND FL 33806

Title	VP
Name	SHEMANSKI, ED
Address	3407 CHAROW LANE
City-State-Zip:	ORLANDO FL 32805

Title	PRESIDENT
Name	PURVIS, BEN
Address	720 NW 115TH DRIVE
City-State-Zip:	OKEECHOBEE FL 34972

Title	BOARD MEMBER
Name	DOUGLAS, JIM
Address	12509 30TH STREET CIRCLE E
City-State-Zip:	PARRISH FL 34219

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: SHELBY LOMEN**TREASURER**

01/25/2020

Electronic Signature of Signing Officer/Director Detail

Date