2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2020
Secretary of State
1494808635CC

DOCUMENT# 712036

Entity Name: FLORIDA BEVERAGE ASSOCIATION, INC.

Current Principal Place of Business:

135 JENKINS ST.
SUITE 105B, #199
ST AUGUSTINE, FL 32086

Current Mailing Address:

135 JENKINS ST.
SUITE 105B, #199
ST AUGUSTINE, FL 32086 US

FEI Number: 59-6193024

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CF REGISTERED AGENT, INC.
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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	DIRECTOR
Name	LEZMAN, STEVEN
Address	1001 13TH AVENUE EAST
City-State-Zip:	BRADENTON FL 34208

Title	TREASURER
Name	ISBELL, JOHN
Address	8801 GROW DR.
City-State-Zip:	PENSACOLA FL 32514

Title	VC
Name	LORENZO, DAVID
Address	5900 NW 72ND AVE
City-State-Zip:	MIAMI FL 33166

Title	CHAIRMAN
Name	WELLS, PERCY
Address	10117 PRINCESS PALM AVENUE SUITE 400
City-State-Zip:	TAMPA FL 33610

Title	SECRETARY
Name	DEWITT, ELIZABETH
Address	135 JENKINS ST. SUITE 105B, #199
City-State-Zip:	ST AUGUSTINE FL 32086

Title	DIRECTOR
Name	LYNN, DOUG
Address	5829 PEPSI PL
City-State-Zip:	JACKSONVILLE FL 32216-6162

Title	DIRECTOR
Name	CASON, SCOTT
Address	3919 WEST PENSACOLA STREET
City-State-Zip:	TALLAHASSEE FL 32304

Title	DIRECTOR
Name	WOOD, STEVE
Address	7330 N. DAVIS HWY
City-State-Zip:	PENSACOLA FL 32504

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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: ELIZABETH DEWITT PRESIDENT 01/21/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BRITTON, ANDY
Address	4919 WESTPORT BOULEVARD
City-State-Zip:	MONTGOMERY AL 36108

Title	DIRECTOR
Name	MORDEAUX, GINA
Address	PO BOX 98678
City-State-Zip:	DES MOINES WA 98198

Title	DIRECTOR
Name	WARREN, TRAVIS
Address	10117 PRINCESS PALM AVE. SUITE 400
City-State-Zip:	TAMPA FL 33610