

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Continues on page 2

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 AND CEO****02/01/2021**

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