

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725578

**Entity Name:** CQ MANAGEMENT, INC.**Current Principal Place of Business:**101 NORTH RIVERSIDE DR.  
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**101 NORTH RIVERSIDE DR.  
NEW SMYRNA BEACH, FL 32168**FEI Number:** 59-1507551**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAUMANN, KARLA  
391 S. TIMBERLANE DRIVE  
NEW SMYRNA BEACH, FL 32168 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  
Name            DOWNEY, MARIE  
Address        101 NORTH RIVERSIDE DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            VP  
Name            SNOW, SHARON  
Address        101 NORTH RIVERSIDE DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            TREASURER  
Name            JORDAN, MICHELLE  
Address        101 NORTH RIVERSIDE DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            SECRETARY  
Name            WILSON, CAROL  
Address        101 NORTH RIVERSIDE DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIRECTOR  
Name            FRYE, WANDA  
Address        101 NORTH RIVERSIDE DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIRECTOR  
Name            ANTHONY, TINO  
Address        101 NORTH RIVERSIDE DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            DIRECTOR  
Name            BAUER, GARY  
Address        101 NORTH RIVERSIDE DR.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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: MARIE DOWNEY****PRESIDENT****03/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date