

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004510

**FILED**  
**Jun 18, 2024**  
**Secretary of State**  
**7371927112CC**

**Entity Name:** FLORIDA BAR B QUE ASSOCIATION INC.

**Current Principal Place of Business:**

6800 GULFPORT BLVD S  
SUITE #201  
SOUTH PASADENA, FL 33707

**Current Mailing Address:**

6800 GULFPORT BLVD S  
SUITE #201  
SOUTH PASADENA, FL 33707 US

**FEI Number:** 59-3663701

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EDWARDS, KEN  
6800 GULFPORT BLVD S  
SUITE #201  
SOUTH PASADENA, FL 33707 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:** KEN EDWARDS

06/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           EDWARDS, KEN  
Address        6800 GULFPORT BLVD S  
                  SUITE #201  
City-State-Zip: SOUTH PASADENA FL 33707

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

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

Title           DIRECTOR  
Name           NEIL, BASS  
Address        4679 HACKAMORE ROAD  
City-State-Zip: SARASOTA FL 34241

Title           PRESIDENT  
Name           ELSER, JIM  
Address        3711 CENTURY BLVD SUITE 5  
City-State-Zip: LAKELAND FL 33811

Title           DIRECTOR  
Name           HUGHES, TIM  
Address        1717 BIG CYPRESS BOULEVARD  
City-State-Zip: LAKELAND FL 33810

Title           DIRECTOR  
Name           SONGER, SAM  
Address        312 DOE DRIVE  
City-State-Zip: DAVENPORT FL 33837

*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:** KENNETH ALAN EDWARDS

TREASURER

06/18/2024

Electronic Signature of Signing Officer/Director Detail

Date