

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004510

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC1537009851**

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

**Current Principal Place of Business:**

679 MERIONETH DRIVE NE  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

679 MERIONETH DRIVE NE  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 59-3663701

**Certificate of Status Desired:** No

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

YELVERTON, ROBIN J  
679 MERIONETH DRIVE NE  
FORT WALTON BEACH, FL 32547 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:** ROBIN JAKE YELVERTON

01/25/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            TREASURER  
Name            YELVERTON, ROBIN J  
Address        679 MERIONETH DRIVE NE  
City-State-Zip: FORT WALTON BEACH FL 32547

Title            SECRETARY  
Name            WASHAM, CONSTANCE L  
Address        325 PRESTWICK COURT  
City-State-Zip: OVIEDO FL 32765

Title            DIRECTOR  
Name            FRAZEE, LAURA L  
Address        22210 SW NEPTUNE BLVD  
City-State-Zip: DUNNELLON FL 34431

Title            VP  
Name            ELSER, JAMES  
Address        922 S HERON CIR  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            BRANNEN, PAT  
Address        6654 BEACH ROAD  
City-State-Zip: PERRY FL 32348

Title            DIRECTOR  
Name            FRENCH, KEVIN  
Address        6632 KINGMAN TRAIL  
City-State-Zip: TALLAHASSEE FL 32309

*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:** ROBIN JAKE YELVERTON

**TREASURER**

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date