2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

Secretary of State DOCUMENT # N99000001477 01-24-2008 90026 021 ****61.25 APALACHICOLA BAY AND RIVER KEEPER, INC. Principal Place of Business Mailing Address 400000000 23 AVENUE D 23 AVENUE D APALACHICOLA, FL 32320 APALACHICOLA, FL 32320 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01182008 CR2E037 (12/06) City & State City & State 4. FEI Number 59-3550426 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TONSMEIRE, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 23 AVENUE D APALACHICOLA, FL 32320 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ∂/P TILLE Delete TITLE Taylor, Chad TAYLOR, CHAD NAME NAME 4226 Buckland Tail STREET ADORESS **4226 BUCKLAND TRAIL** STREET ADDRESS Greenwood FL 32443 GREENWOOD, FL 32443 CITY-ST-7P CITY-ST-7IP DNP Estes, Jake RUBOX 585 TITLE Delete TILE FARR, GRAYAL NAME STREET ADDRESS 3315 READING LANE STREET ADDRESS East point, FL 32328 Ilardi, Jeff Otherge MAddition CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP MILE TITLE ☐ Delete MORAN, CHRIS HAME NAME 30 Hammock Cove Rd 1918 VINELAND LANE STREET ADDRESS STREET ADDRESS East point, FL 32328 CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP Lycett, Jim Delete TITLE MILLER, NANCY C NAME NALAF P.O. BOX 16278 STREET ADDRESS STREET ADDRESS Carrabelle FL 33322 McCartney Patt: Ochange 2105 Blue Heron Tail TALLAHASSEE, FL 32317 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE THOMAS, ADAMS NAME STREET ADDRESS 1440 ELM COURT STREET ADDRESS STI GEORD I Sland PR 32328 ST. GEORGE ISLAND, FL 32328 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete Im £ ASHLEY, DON NAME STREET ADDRESS P.O. BOX 430 STREET ADDRESS 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with a first province of the corporation.

FILED

Jan 24, 2008 8:00 am

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N9900001477 1. Entity Name APALACHICOLA BAY AND RIVER KEEPER, INC.					page 2	
Principal Place of Business 23 AVENUE D 23 AVENUE D APALACHICOLA, FL 32320 APALACHICOLA, FL 32320 APALACHICOLA, FL 32320			20	11000887	1/2	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address		H00887	φ	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Chg-NP CF	22E037 (12/06)	
City & State		City & State		4. FEI Number 59-3550426	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Regist	ered Agent	
TONSMEIRE, DANIEL L 23 AVENUE D ADALOGUED A EL 22220			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
APALACHICOLA, FL 32320						
			City		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Fin Trust Fund Contribution				40.00 may bo	check payable to epartment of State	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AF		
TITLE NAME	TAYLOR, CHAD	Delete	NAME >	Middle mas, Juhn. 718 Bunkas Cove	Change MAddition	
STREET ADDRESS CITY-ST-ZIP	4226 BUCKLAND TRAIL GREENWOOD, FL 32443		STREET ADDRESS CITY-ST-ZIP	Banama Cisy, P		
TITLE NAME STREET ADDRESS	D/VP FARR, GRAYAL 3315 READING LANE	☐ Delete	TITLE NAME STREET ADDRESS	Paban Brett 233 3rd ST, N	☐ Change Addition	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	57. Patersbury FC	33701	
TITLE NAME STREET ADORESS	D/T MORAN, CHRIS 1918 VINELAND LANE	☐ Delete	TITLE NAME STREET ADDRESS	Richey, Joseph 2926 Part ST	☐ Change XX Addition	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	По	CITY-ST-ZIP	Marianny, FL 3	32446	
NAME STREET ADORESS	MILLER, NANCY C	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
CITY-ST-ZIP	P.O. BOX 16278 TALLAHASSEE, FL 32317		STREET ADDRESS CITY-ST-ZIP		!	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Detate	STREET ADDRESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TALLAHASSEE, FL 32317 D THOMAS, ADAMS 1440 ELM COURT ST. GEORGE ISLAND, FL 3233 D		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE, FL 32317 D THOMAS, ADAMS 1440 ELM COURT ST. GEORGE ISLAND, FL 3232 D ASHLEY, DON P.O. BOX 430 SOPCHOPPY, FL 32358	28 Delete	STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	TALLAHASSEE, FL 32317 D THOMAS, ADAMS 1440 ELM COURT ST. GEORGE ISLAND, FL 3232 D ASHLEY, DON P.O. BOX 430 SOPCHOPPY, FL 32358 certify that the information supplied with the information supplied with the proof or supplemental report	Delete The this filing does and quality for this true and accurate and that my	STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP HOLD STREET ADDRESS CITY-ST-ZIP HOLD STREET ADDRESS CITY-ST-ZIP	d in Chapter 119, Florida Statutes. I furthe same legal effect as if made under oath; 7, Florida Statutes; and that my name app	Change Addition If certify that the information that I am an officer or director ears in Block 10 or Block 11 if	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	TALLAHASSEE, FL 32317 D THOMAS, ADAMS 1440 ELM COURT ST. GEORGE ISLAND, FL 3232 D ASHLEY, DON P.O. BOX 430 SOPCHOPPY, FL 32358 certify that the information supplied with a continuous c	Delete The this filing does and quality for this true and accurate and that my	STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP the exemptions contained signature shall have the strequired to Chapter 61	same legal effect as if made under oath; 7, Florida Statutes; and that my name app	Change Addition	