	00 0000120		Certificate of Status Desir	eu. No
Name and A	ddress of Current Registered Agent:			
ACKERMAN, GE 232-B WATER S APALACHICOLA	STREET			
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flori	da.
SIGNATURE: GEORGIA ACKERMAN EXEC DIRECTOR				04/27/2018
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	KIENZLE, CHARLEY	Name	JETTON, REBECCA	
Address	15 8TH STREET	Address	3126 CAMELLIAWOOD CIRCLE	W
City-State-Zip:	APALACHICOLA FL 32320	City-State-Zip:	TALLAHASSEE FL 32301	
Title	TREASURER	Title	VP	
Name	FRIEDMAN, MARK W	Name	MCCORMICK, KATIE	
Address	PO BOX 789	Address	315 JOHN STREET	
City-State-Zip:	APALACHICOLA FL 32329	City-State-Zip:	TALLAHASSEE FL 32301	
Title	DIRECTOR	Title	DIRECTOR	
Name	DIAMOND, CRAIG	Name	ESTES, JOYCE	
Address	405 INGLEWOOD DR	Address	PO BOX 585	
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	EASTPOINT FL 32328	

P.O. BOX 8 APALACHICOLA, FL 32329

FEI Number: 59-3550426

Current Mailing Address:

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

FILED Apr 27, 2018 Secretary of State CC5948598001

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N99000001477

Entity Name: APALACHICOLA BAY AND RIVER KEEPER, INC.

Current Principal Place of Business:

232-B WATER STREET APALACHICOLA, FL 32320

Address	405 INGLEWOOD DR	Address
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Z
Title	DIRECTOR	Title
Name	MIDDLEMAS, JOHN ROBERT	Name
Address	718 BUNKERS COVE ROAD	Address

City-State-Zip: PANAMA CITY FL 32401

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: CHARLEY KIENZLE

PRESIDENT

DIRECTOR HERZOG, TOM PO BOX 1106 City-State-Zip: CARRABELLE FL 32322

04/27/2018

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	SASH, KIMBERLY J	Name	KOZLOWSKY, HANK
Address	417 DEER RUN ROAD	Address	55 S BAYSHORE DR
City-State-Zip:	HAVANA FL 32333	City-State-Zip:	EASTPOINT FL 32328
Title	DIRECTOR	Title	DIRECTOR
Name	ANGLIN, GUY	Name	BALTHROP, MARY
Address	4700 RIVER ROAD	Address	P.O. BOX 323
City-State-Zip:	BASCOM FL 32423	City-State-Zip:	PANACEA FL 32346
Title	DIRECTOR	Title	DIRECTOR
Name	ROBINSON, CLAY	Name	WEINMAN, C.J.
Address	330 KRAMER ST	Address	1959 MALLORY SQUARE
City-State-Zip:	CARROLLTON GA 30117	City-State-Zip:	TALLAHASSEE FL 32308
Title	DIRECTOR		

Address 2110 TRESCOTT DRIVE

GSTEIGER, YVONNE

Name

City-State-Zip: TALLAHASSEE FL 32308