2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001477

Entity Name: APALACHICOLA BAY AND RIVER KEEPER, INC.

FILED
Mar 13, 2019
Secretary of State
3278231525CC

Current Principal Place of Business:

232-B WATER STREET APALACHICOLA, FL 32320

Current Mailing Address:

P.O. BOX 8

APALACHICOLA, FL 32329

FEI Number: 59-3550426 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACKERMAN, GEORGIA 232-B WATER STREET APALACHICOLA, FL 32320 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: GEORGIA ACKERMAN EXEC DIRECTOR

03/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director 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

TitleDIRECTORTitleDIRECTORNameDIAMOND, CRAIGNameESTES, JOYCEAddress405 INGLEWOOD DRAddressPO BOX 585

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: EASTPOINT FL 32328

TitleDIRECTORTitleDIRECTORNameMIDDLEMAS, JOHN ROBERTNameHERZOG, TOMAddress718 BUNKERS COVE ROADAddressPO BOX 1106

City-State-Zip: PANAMA CITY FL 32401 City-State-Zip: CARRABELLE FL 32322

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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 03/13/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name SASH, KIMBERLY J Address 417 DEER RUN ROAD City-State-Zip: HAVANA FL 32333

Title DIRECTOR

Name ANGLIN, GUY

Address 4700 RIVER ROAD

City-State-Zip: BASCOM FL 32423

Title DIRECTOR

Name ROBINSON, CLAY Address 330 KRAMER ST

City-State-Zip: CARROLLTON GA 30117

Title DIRECTOR

NameGSTEIGER, YVONNEAddress2110 TRESCOTT DRIVECity-State-Zip:TALLAHASSEE FL 32308

Title DIRECTOR

Name KOZLOWSKY, HANK
Address 55 S BAYSHORE DR
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR

Name BALTHROP, MARY

Address P.O. BOX 323

City-State-Zip: PANACEA FL 32346

Title DIRECTOR
Name WEINMAN, C.J.

Address 1959 MALLORY SQUARE
City-State-Zip: TALLAHASSEE FL 32308