

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001477

FILED
Apr 24, 2017
Secretary of State
CC0533784488

Entity Name: APALACHICOLA BAY AND RIVER KEEPER, INC.

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:

TONSMEIRE, DANIEL L
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ACKERMAN, GEORGIA
Address 8974 MEGANS LANE
City-State-Zip: TALLAHASSEE FL 32309

Title SECRETARY
Name JETTON, REBECCA
Address 501 BLAIRSTONE ROAD APT 425
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name FRIEDMAN, MARK W
Address PO BOX 789
City-State-Zip: APALACHICOLA FL 32329

Title VP
Name MCCORMICK, KATIE
Address 133 OAK ST
 APT 20
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name DIAMOND, CRAIG
Address 405 INGLEWOOD DR
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name GODWIN, MATTHEW
Address 248 CLARK STREET
City-State-Zip: WEWAHITCHKA FL 32465

Title DIRECTOR
Name ESTES, JOYCE
Address PO BOX 585
City-State-Zip: EASTPOINT FL 32328

Title DIRECTOR
Name MIDDLEMAS, JOHN ROBERT
Address 718 BUNKERS COVE ROAD
City-State-Zip: PANAMA CITY FL 32401

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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: GEORGIA ACKERMAN

PRESIDENT

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TAYLOR, C. CHADWICK
Address PO BOX 315
City-State-Zip: GREENWOOD FL 32443

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

Title DIRECTOR
Name KIENZLE, CHARLEY
Address 15 8TH STREET
City-State-Zip: APALACHICOLA FL 32320

Title DIRECTOR
Name MCCLELLAN, JIM
Address 1300 EAST MAXWELL STREET
City-State-Zip: PENSACOLA FL 32503

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

Title DIRECTOR
Name THOMPSON, TOMMY
Address 989 PARKVIEW DRIVE
City-State-Zip: TALLAHASSEE FL 32311

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