

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001477

**Entity Name:** APALACHICOLA BAY AND RIVER KEEPER, INC.

**Current Principal Place of Business:**

301 MARKET 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  
301 MARKET 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

05/28/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MCCORMICK, KATIE  
Address 315 JOHNS DRIVE  
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY  
Name JETTON, REBECCA  
Address 3126 CAMELLIAWOOD CIRCLE W  
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT  
Name SASH-HILL, KIMBERLY  
Address 417 DEER RUN RD  
City-State-Zip: HAVANA FL 32333

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

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

Title DIRECTOR  
Name ANGLIN, GUY  
Address 4700 RIVER ROAD  
City-State-Zip: BASCOM FL 32423

Title DIRECTOR  
Name BALTHROP, MARY  
Address P.O. BOX 323  
City-State-Zip: PANACEA FL 32346

Title TREASURER  
Name ROBINSON, CLAY  
Address 330 KRAMER ST  
City-State-Zip: CARROLLTON GA 30117

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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:** REBECCA JETTON

SECRETARY

05/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BARBARA, POWELL  
Address 222 RIVER PLANTATION RD  
City-State-Zip: CRAWFORDVILLE FL 32327

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

Title DIRECTOR  
Name HILTON, DAVID  
Address 2355 MARTIN ROAD  
City-State-Zip: MARIANNA FL 32448

Title DIRECTOR  
Name WILDER, LYNN  
Address 133 AVENUE C  
City-State-Zip: APALACHICOLA FL 32320