

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N99000001477

Entity Name: APALACHICOLA BAY AND RIVER KEEPER, INC.

Current Principal Place of Business:

111 AVENUE E, STE. B
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
111 AVENUE E, STE. B
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

08/23/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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: KATIE MCCORMICK

PRESIDENT

08/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name GSTEIGER, YVONNE
Address 2110 TRESCOTT DRIVE
City-State-Zip: TALLAHASSEE FL 32308