


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**3 Apr 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90013 027 \*\*\*\*58.75  
 04-02-2007 90097 005 \*\*\*\*\*2.50

**DOCUMENT # N06000013164**

1. Entity Name  
**APALACHICOLA BAY AND RIVER EDUCATION FOUNDATION, INC.**



Principal Place of Business  
**957 EAST PINE STREET  
 ST. GEORGE ISLAND, FL 32328**

Mailing Address  
**957 EAST PINE STREET  
 ST. GEORGE ISLAND, FL 32328**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02262007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**FLOYD, PAT  
 20 AVENUE D  
 APALACHICOLA, FL 32320**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

*(Handwritten signature)*  
 SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLOYD, GEORGE 957 EAST PINE STREET ST. GEORGE ISLAND, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *(Handwritten signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 29, 2007 050 927-2179  
 Date Daytime Phone #