

**2023 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

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title PRESIDENT  
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

Title PRESIDENT  
Name ALBER, DODIE  
Address 260 6TH STREET  
City-State-Zip: APALACHICOLA FL 32320

Title TREASURER  
Name MARCICH, IVO  
Address 166 MANATEE WAY  
City-State-Zip: APALACHICOLA FL 32320

**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:** DAVID HILTON

PRESIDENT

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name VANDERMEER, JEFF  
Address PO BOX 38190  
City-State-Zip: TALLAHASSEE FL 32315

Title DIRECTOR  
Name ELDER, NONA  
Address 53 W F MAGERS ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title DIRECTOR  
Name GOODSON, ALLISON  
Address 6541 SPICEWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR  
Name BIGMAN, SID  
Address 2007 EAST RANDOLPH CIR  
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR  
Name ALIX, DIANE  
Address PO BOX 257  
City-State-Zip: CARRABELLE FL 32322