2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2025
Secretary of State
1872316408CC

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:

ALBER, JOHN
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: JOHN ALBER 04/21/2025

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

Title	TREASURER
Name	MARCICH, IVO
Address	3014 WINDSOR WAY
City-State-Zip:	TALLAHASSEE FL 32312

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

Title	DIRECTOR
Name	JETTON, REBECCA
Address	2926 CROSS CREEK CT
City-State-Zip:	TALLAHASSEE FL 32301

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

Title	PRESIDENT
Name	ALIX, DIANE
Address	115 W F MAGERS ROAD
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	ALBER, JOHN
Address	240 6TH STREET
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: DIANE ALIX PRESIDENT, BOARD OF DIRECTORS 04/21/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PARKER CURRY, HOLLY
Address	1229 MITCHELL AVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	WATKINS, CHRIS
Address	2315 VINCENT DR
City-State-Zip:	TALLAHASSEE FL 32303

Title	DIRECTOR
Name	DAVIDSON, DANIELLE
Address	194 11TH STREET
City-State-Zip:	APALACHICOLA FL 32320

Title	DIRECTOR
Name	PRICE, MIKE
Address	2023 SAND DOLLAR TR
City-State-Zip:	ST GEORGE ISLAND FL 32328

Title	DIRECTOR
Name	BUCHANAN, LINDA
Address	211 8TH STREET
City-State-Zip:	APALACHICOLA FL 32320