

2022 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

04/28/2022

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

Title DIRECTOR
Name BARBARA, POWELL
Address 38 GERANIUM TRACE
City-State-Zip: CRAWFORDVILLE FL 32327

Title VP
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

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: DODIE ALBER**PRESIDENT**

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name KELLING, KIM
Address 309 CARR 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 MARCICH, IVO
Address 166 MANATEE WAY
City-State-Zip: APALACHICOLA FL 32320

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