

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2004  
Secretary of State**

DOCUMENT# N96000003608

Entity Name: FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPORATION

**Current Principal Place of Business:**

SIXTH FLOOR  
1801 HERMITAGE BLVD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

SIXTH FLOOR  
1801 HERMITAGE BLVD.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-3427843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LETTERA, LINDA ESQ.  
GENERAL COUNSEL  
1801 HERMITAGE BLVD., SUITE 641  
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUSH, JEB GOV.  
Address: PL05, THE CAPITOL  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: CRIST, CHARLIE  
Address: PL01 THE CAPTIOL  
City-St-Zip: TALLAHASSEE, FL 323991050

Title: TD ( ) Delete  
Name: GALLAGHER, TOM  
Address: PL01, THE CAPTIOL  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: WATKINS, BEN  
Address: 1801 HERMITAGE BLVD, 2ND FLOOR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: NICHOLSON, JACK DR.  
Address: 1801 HERMITAGE BLVD., FIRST FLOOR  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BUSH, JEB  
Address: PLOS THE CAPITAL  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACK E. NICHOLSON

D

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date