


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003608

1. Entity Name
FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPORATION



Principal Place of Business SIXTH FLOOR 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308	Mailing Address SIXTH FLOOR 1801 HERMITAGE BLVD. TALLAHASSEE, FL 32308
--	--

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3427843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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.

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, JEB GOV. PLOS, THE CAPITOL TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIST, CHARLIE PLOS THE CAPTIOL TALLAHASSEE, FL 323991050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLAGHER, TOM PLOS, THE CAPTIOL TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATKINS, BEN 1801 HERMITAGE BLVD, 2ND FLOOR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, JACK DR. 1801 HERMITAGE BLVD., FIRST FLOOR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, JEB PLOS THE CAPITAL TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

000000173728
 01/07/05-80029-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **1/4/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #