


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90111 010 ****61.25

| | | | | | | | |
|---|-----------------------------------|--|---|---|-----------------|-----------|----------|
| 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 | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 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 | | | 7. Name and Address of New Registered Agent | | | | |
| LETTERA, LINDA ESQ. GENERAL COUNSEL 1801 HERMITAGE BLVD., SUITE 641 TALLAHASSEE, FL 32308 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | Zip Code |
| | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | |
| Make check payable to Florida Department of State | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | |
| TITLE | DC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | CRIST, CHARLIE | | NAME | | | | |
| STREET ADDRESS | PL05, THE CAPITOL | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 323990001 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | MCCOLLUM, BILL | | NAME | | | | |
| STREET ADDRESS | PL01 THE CAPTIOL | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 323991050 | | CITY-ST-ZIP | | | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | SINK, ALEX | | NAME | | | | |
| STREET ADDRESS | PL01, THE CAPTIOL | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32399 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | WATKINS, BEN | | NAME | | | | |
| STREET ADDRESS | 1801 HERMITAGE BLVD, 2ND FLOOR | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | | | | |
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | NICHOLSON, JACK DR. | | NAME | | | | |
| STREET ADDRESS | 1801 HERMITAGE BLVD., FIRST FLOOR | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32308 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ | | | 1/4/08 | | 850-413-1340 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # | | |