

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003608

FILED
Apr 13, 2009
Secretary of State

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:

ALLEN, TRACY ESQ.
SENIOR ATTORNEY
1801 HERMITAGE BLVD., SUITE 100
TALLAHASSEE, FL 32308 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: TRACY L. ALLEN

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: CRIST, CHARLIE
Address: PL05, THE CAPITOL
City-St-Zip: TALLAHASSEE, FL 323990001

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

Title: TD () Delete
Name: SINK, ALEN
Address: PL01, THE CAPTIOL
City-St-Zip: TALLAHASSEE, FL 32399

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

Title: DP () Delete
Name: NICHOLSON, JACK DR.
Address: 1801 HERMITAGE BLVD., FIRST FLOOR
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

DR.

04/13/2009

Electronic Signature of Signing Officer or Director

Date