

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003608

Entity Name: FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPORATION

FILED
Apr 15, 2014
Secretary of State
CC5969151528

Current Principal Place of Business:

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 13300
TALLAHASSEE, FL 32317

FEI Number: 59-3427843

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAZEN, MAUREEN M. ESQ.
SBA GENERAL COUNSEL
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: MAUREEN M. HAZEN

04/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DC
Name SCOTT, RICK
Address PL05, THE CAPITOL
City-State-Zip: TALLAHASSEE FL 32399-0001

Title D
Name BONDI, PAM
Address PL01 THE CAPTIOL
City-State-Zip: TALLAHASSEE FL 32399-1050

Title TD
Name ATWATER, JEFF
Address PL01, THE CAPTIOL
City-State-Zip: TALLAHASSEE FL 32399

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

Title DP
Name NICHOLSON, JACK DR.
Address 1801 HERMITAGE BLVD., FIRST FLOOR
City-State-Zip: TALLAHASSEE FL 32308

Title SEC
Name TAYLOR, LAMAR E. ESQ.
Address 1801 HERMITAGE BLVD., FIRST FLOOR
City-State-Zip: TALLAHASSEE FL 32308

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: JACK E. NICHOLSON

DP

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date