

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005994		
1. Entity Name FLORIDA WATER POLLUTION CONTROL FINANCING CORPORATION		
Principal Place of Business C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE, FL 32308	Mailing Address C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE, FL 32308	



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3714482	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEENCK, THOMAS A C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE, FL 32308
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 HANSEN, MIKE EXECUTIVE OFF OF GOVERNOR RM 1601 TALLAHASSEE, FL 323990001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLAGHER, TOM PL-11 THE CAPITOL TALLAHASSEE, FL 323990300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VILLA, DAVID 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STIPANOVICH, COLEMAN 5252 PIMLICO DR. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEENCK, THOMAS A 475 MERLIN WAY TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLE, COLLEEN M 3900 COMMONWEALTH BLVD, MS10 TALLAHASSEE, FL 32399

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02/18/05-80049-015 61.25

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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: Thomas A. Beenck THOMAS A. BEENCK 2/16/05 850.413.1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #