# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 30, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N00000005994

1. Entity Name
FLORIDA WATER POLLUTION CONTROL FINANCING CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| C/O STATE BOARD OF ADMINISTRATION<br>1801 HERMITAGE BLVD<br>TALLAHASSEE, FL 32308 | C/O STATE BOARD OF ADMINISTRATION<br>1801 HERMITAGE BLVD<br>TALLAHASSEE, FL 32308 |

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01102006 No Chg-NP CR2E037 (11/05)

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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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, 2006**

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

10. OFFICERS AND DIRECTORS

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

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04/12/06 60063-003 61.25

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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: Thomas A. Beenck THOMAS A. BEENCK, Secretary 3/20/06 850/445-1165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #