2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State
04-10-2007 90013 002 ****61.25

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1. Entity Name
FLORIDA WATER POLLUTION CONTROL FINANCING CORPORATION

40055397

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

01232007 Chg-NP CR2E037 (12/06)

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 59-3714482 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEENCK, THOMAS A C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, MIKE EXECUTIVE OFF OF GOVERNOR RM 1601 TALLAHASSEE, FL 323990001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Beck, Robert Executive Office of Governor, The Capitol Tallahassee, FL 32399-0001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALLAGHER, TOM PL-11 THE CAPITOL TALLAHASSE, FL 323990300	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sink, Alex 200 East Gaines Street Tallahassee, FL 32399-0354	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VILLA, DAVID 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SigRist, Kevin 1801 Hermitage Boulevard, Suite 100 Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO STIPANOVICH, COLEMAN 5252 PIMLICO DR. TALLAHASSEE, FL 32309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sole, Michael 3900 Commonwealth Boulevard, MS49 Tallahassee, FL 32399	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEENCK, THOMAS A 475 MERLIN WAY TALLAHASSEE, FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTILLE, COLLEEN M 3900 COMMONWEALTH BLVD, MS10 TALLAHASSEE, FL 32399	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 4/5/07 850 413-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #