



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90024 024 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3714482	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, ROBERT EXECUTIVE OFF OF GOVERNOR RM 1601 TALLAHASSEE, FL 323990001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINK, ALEX 200 E GAINES ST TALLAHASSEE, FL 323990300	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIGRIST, KEVIN 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STIPANOVICH, COLEMAN 5252 PIMLICO DR. TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Robert F. Milligan 1801 Hermitage Boulevard, Suite 100 Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEENCK, THOMAS A 475 MERLIN WAY TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLE, MICHAEL 3900 COMMONWEALTH BLVD MS49 TALLAHASSEE, FL 32399	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Thomas A. Beenck</u> THOMAS A. BEENCK SECRETARY <u>2/12/08</u> <u>850/413-1183</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					